

The Sound of Silence

Title: A Heuristic Study of Counsellors'

Understanding and Experience of the Nature of
Shame and the Impact of Shame on Therapeutic
Contact.

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Dissertation submitted to the University of Chester for the
Degree of Master of Arts (Counselling Studies) in part fulfilment
of the Modular Programme in Counselling Studies

June 2016

Abstract

The aim of this qualitative heuristic research study was to provide insight into the lived experience of shame and the impact of shame on the therapeutic relationship. The experience of the researcher is found within the study, integrating her own experience with the personal accounts of the participants and the literature on shame. Semi-structured interviews were conducted using four experienced, qualified therapists who were grounded in their understanding of shame. A latent thematic analysis was used to analyse the data. As this was a heuristic study the researcher also kept a reflective journal throughout the process. The following five themes emerged: understanding of shame; physiology of shame; socially constructed aspects of shame, impact of shame and shame and therapy. Shame was found to be innately felt by humans with specific physical characteristics including blushing, downcast eyes and feeling small. The content of what is perceived as shameful can be culturally, gender and experientially specific. Shame is established as an intrinsic part of society in establishing norms and boundaries. However, excess of shame is indicated as a factor in P. T. S. D., mental health problems, social isolation and violence against self or others. In this study silence, negative self-talk and resistance were found to be both characteristic behaviour developed as defence against further shaming and combined with support, compassion and connection factors in reparative growth. There is potential for shame to cause a rupture in the therapeutic relationship. However, where shame is worked with in therapy it can be a source of therapeutic growth. Counsellor awareness of shame processes, self-regulation and self-care were indicated as important for working with shame to ensure modelling a grounded presence for the client. All four participants work on shame had influenced their choice of therapy as a career. However, none of the participants had received any training about shame during their initial training. The findings emphasised the need for including working with personal shame in both professional development and counselling training courses. This research supports previous research and provides opportunities for further research.

Declaration

This work is original and has not been submitted previously in support of any
Qualification or course.

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Acknowledgements

To

*My research supervisor Dr. Rita Mintz
for her enthusiasm, encouragement and support for this study.*

To

*The research participants for their openness and honesty in
sharing their deeply moving experiences*

To

My study buddy Diane for her continuous support

To

*My partner Brian, my Children, Grandchildren and many
Friends for their Patience and Love*

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List of Abbreviations

B. A. C. P. British Association for Counselling and Psychotherapy.

P. T. S. D. Post-Traumatic Stress Disorder

G. A. S. P. Scale – Guilt and Shame Proneness Scale

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Dedication

Mouque (2008) in her heuristic study of resistance in therapy vividly described the impact of Shame.

The White Tower was the keep of the castle where prisoners died in dungeons and from which there could be no escape. The caretaker knew this to be a fact. The wicked little girl must be imprisoned within this fortress so that she could not do the very wicked things that she imagined. Then both she and her mother would be safe.

They went together into the keep, the wicked little girl and her caretaker, but the caretaker came out alone quite satisfied. Although she was satisfied, she was not happy.

No-one noticed the difference. So the caretaker took the place of the wicked little girl and grew up to become a very good little girl who did all that she could to please everyone and make them like her. She was very clever and worked hard at school. Her teachers were pleased with her and the good little girl pretended that she was happy and safe. Of course, she was still ugly, but that had to be endured. In time, the wicked little girl was banished from the memory of the good little girl until it was as if she had never existed.

Decades passed. The marriage became secure and happy, the career was completed by retirement and the grown-up children went to live abroad.

The adult had time for herself now, so she returned to university and began a degree in therapeutic counselling. This is the start of her journey back; to release the imprisoned child and move towards integration and health.

(Mouque, 2008, p157)

Her resistance to therapy was all the defences she had built up to keep the real self-silent.

This study is dedicated to all the people locked in internal towers and to the skilled therapists who help them to release their shamed self.

1 Introduction

1.1 Rationale, Background and Value of the Research

Shame is a self-conscious emotion which appears to block acceptance of self. What we feel shameful about is kept hidden but its impact on the individual or society can be powerful (Appendix 1). According to research shame is connected to trauma, mental illness and many other areas of psychological distress. (Morrison & Hillsdale, 1989; Nergaard & Silberschatz, 1989).

This study aims to look at shame to gain a deeper understanding of both the ontology of shame and how to work with shame in the counselling room. Other counsellors were chosen for this study as this is a group who have already worked on their personal development and awareness. As this is a qualitative study of personal experience with the researcher's presence throughout the study a Heuristic approach (Moustakas, 1990) was chosen.

There is a gap in the current research on shame as I have not been able to find any research involving a heuristic study of the counsellor's experience of shame. My initial literature search showed only one qualitative study by Van Vilet (2008), using grounded theory. She looked at the relationship between shame and mental illness, and considering shame people felt for their own actions, she found that shame plays a vital role in psychosocial functioning and development. This study did not examine shame felt by an individual for shame caused by the actions of others

The current study was born out of my own experience of shame and my passionate interest in understanding how shame operates within the individual and in society. I come to this research with a belief that understanding the mechanisms involved in

shame can help us to deal more effectively with shame, enhance self- acceptance and thus improve the quality of life. I also come to the research with the philosophical belief that all humans, given the right conditions, are capable of healing and growth.

A few years ago I was participating in a workshop on shame (McMinn, 2010) when I had a cathartic experience. A supportive comment from another participant resulted in a sudden shift in my awareness. On feeling support the shame I had carried for most of my life dissipated and my perspective on the original events was permanently altered. From this I wanted to understand the nature and impact of shame on the individual (Appendix 8).

For many years as a counsellor I have worked with clients whose lives have been severely affected by shame. Words such as unclean and contaminated have been used by clients to describe how they perceive themselves. I have listened to their stories of drug addiction, alcoholism, internal conflict and mental health problems resulting from their feelings of shame about events in their early lives (Appendix 10). I hope this study helps in understanding how therapy can be effective in transforming shame, alleviating suffering and enhancing the quality of life for clients.

1.2 Research Question, Aims and Objectives

There were two initial research questions

- What is the lived experience of shame?
- What impact does a counsellor's understanding and experience of the nature of shame have on therapeutic contact?

To answer these questions my aims were; to increase my awareness of the essence of shame, my lived experience of shame and how this impacts me as

researcher; to advance the understanding of the nature and impact of shame on the counsellor and on therapeutic contact.

These aims were carried out by using the following objectives:

- To identify the hidden aspects in the essence of the meaning of shame;
- To critically examine the impact of shame on the individual;
- To discuss the relationship between training, experience and understanding of shame;
- To explore how shame affects therapeutic contact;
- To critically evaluate the development of the researcher's awareness throughout the study;
- To formulate a creative synthesis of the phenomenological experience of shame and make recommendations that will enhance the professional body of knowledge.

1.3 The Structure of the Study

The following chapters include: a review of the literature on shame; an overview of the methodology used in my research; findings from the data analysis; a discussion of the findings from the participants, the literature and my own heuristic process; a creative synthesis and a conclusion summarising the main findings and offering areas for possible future research.

2 Literature Review

2.1 Introduction

In this study the literature review heuristically followed each line of inquiry as it evolved until reaching a feeling of illumination. By the end of the review I felt I had a clear understanding of the research on the complex phenomenon of shame and its impact physiologically, sociologically and in therapy.

To plan an ethically grounded and trustworthy strategic review relevant documents were read (Brettell, 2008; Bower, 2010; Bond, 2004; Chester APA Referencing Guide, 2015; Chester University Conducting Research, 2013; Etherington, 2004; West, 2001; Willig, 2013). Initially definitions of shame were found (Appendix 1). A literature search was undertaken using the following sources.

Table 1: Search Strategy (Appendix 2)

Information Sources	<ul style="list-style-type: none">• Websites: PSYCHINFO, PSYCHARTICLES, PSYCHBOOKS, PSYCHOLOGY and BEHAVIORAL SCIENCES COLLECTION• Books and Journals: Chester University Library, Amazon Books, Therapy Today, BACP Research Journal,• Other Sources: Skype, Tedd
Keywords used in Searches	<ul style="list-style-type: none">• Shame, Counselling, Counsellor, Therapy, Therapist, Therapeutic Alliance, Counselling Alliance, Counselling Relationship Psychotherapy, Psychotherapist, Research, Heuristic Research, Dissertation, Study, Impact of shame, Effects of shame.
Search Terms	<ul style="list-style-type: none">• Use of systematic combinations of words to find all available information.
Examples of Searches	<ul style="list-style-type: none">• Counsel* OR Psychotherap* OR Therap* AND Research OR Dissertation OR study AND "impact" OR "effect of shame"• "Counsel* Alliance" OR "Therap* alliance" OR "psychotherap* alliance" AND research OR dissertation AND shame.

The literature review initially covered an understanding of shame and the impact of shame but after interviewing the participants further research was undertaken and the following headings emerged: the historical perspective on shame and culture; the meaning of shame; the developmental aspects of shame in individuals; research on the impact of shame; research on shame and therapy; issues for therapists; therapy as a source of shame and a summary.

2.2 The Historical Perspective- Shame and Culture

Shame can be felt by individuals and it can also be deep rooted in society in a shame culture, where shame is used as a means of imposing external sanctions to ensure social control. It could be argued that the basis of Western culture is shame based (Deonna, Rodogno & Teroni, 2012). The story of Adam and Eve, at the very beginning of the Bible (Jones, 1968), places shame at the very core of Jewish and Christian culture. Adam and Eve ate of the tree of knowledge and became aware of their own nakedness so covered their private parts with fig leaves to hide their shame. McNish (2008) described the entire bible story as about shame with the life and death of Jesus as about confronting shame and hence transforming humanity. Pattern (1985) found that sacred texts have the power to induce shame and oppress people and may cause people to remain submissive. In ancient Greek culture Adios, Greek for shame, was the nursemaid of Athena. Edelman (1998) felt this archetypal image of Shame had a large part in ancient culture and is placed at the very centre of the socialisation process. She also saw the blushing response, associated with shame, as an “*existential blush*” located at “*the precise juncture of body self and soul self*” (Edelman, 1998, p19).

Lasch (1992) described Western culture today as shameless, unrestrained, making it hard to express tender feelings and devaluing ideals. He believed that

shamelessness was a defensive strategy, a reaction formation against shame. Frank (as cited in Lasch, 1992) argued that society itself is pathological and needs healing, that the system not the individual is at fault.

In any hierarchical structure shame can be used by the dominant group to convince subordinates they are deserving of shame for some deficiency, thus diverting attention from the leaders (Hartling, Rosen, Walker & Jordan, 2004). This has been highlighted recently by the Hillsborough enquiry into the deaths of 96 Liverpool football supporters. An establishment cover up had resulted in the fans being blamed for the disaster and the families instead of being supported were shamed. It took 27 years for the truth to come out and justice to be upheld (Scruton, 2009; Scruton, 2016).

In individuals shame also serves a safeguarding purpose. When a person transgresses social norms s/he feels shame. Shame serves as a boundary for acceptable behaviour. Platt and Freyd (2015) proposed that shame can also be an adaptive physiological reaction of low status individuals, as a way of showing submissiveness, to keep them safe from their more powerful master and to avoid retribution for their actions. Shame is a mechanism for maintaining the norms of a society and the dynamics within a family structure. However, in situations of constant shame this normal emotion can become internally globalised and this can inhibit normal functioning (Brown, 2008).

2.3 The Meaning of Shame

Shame is a self-conscious emotion and can be useful in helping us to reflect on ourselves in relationship (Tangney & Fischer, 1995). Shame is about reputation, public image and self-evaluation. This is measured against perceived norms which

may be internalised from family, environment and culture. It is maintained that shame is felt by all human beings and is part of our innate defence system (Jacoby, 2003). Shame is relational in nature and individuals can feel shame as a consequence of relational violations caused by “*power over*” positions that are present in all hierarchical situations (Hartling, Rosen, Walker & Jordan, 2004, p107). This causes the individual or group to feel degraded or devalued or unworthy of connection. In shame an individual evaluates himself as lacking in some expected area. Shame can be a very powerful emotion and by its nature is usually hidden and often feels global. Globalised shame can cause a person to find it difficult or impossible to form connections. Shame can be caused by something a person has done which causes him to feel dishonour but can also be caused by others shaming a person in situations such as abuse (Hartling, Rosen, Walker & Jordan, 2004).

Humiliation has been viewed by many as synonymous with shame. However, shame is about the impact on self, whereas in humiliation the focus is on harm done by others. Although different they are similar in emotional response. However, with shame a person feels unable to connect with others while with humiliation a person is made to feel unworthy of connection by others (Hartling , Rosen, Walker & Jordan, 2004).

Shame is also often confused in literature with guilt. The difference between shame and guilt is in the focus. Humans feel guilty about an action which is external and intact. In shame the feeling is that the whole person is shameful. With guilt a person can right the situation whereas with shame the person feels his/her whole self is shameful often resulting in withdrawal from relating to other (Brown, 2008).

2.4 The Developmental Aspects of Shame in Individuals

In his cross cultural research Darwin (1899) found shame existed across cultures. Research by Tomkins(as cited in Nathanson, 1993) found that shame was one of nine innate affects found in all humans.

Table 2: Tomkin's Innate Affects (as cited in Nathanson, 1993)

Innate Affect	Interest/ Excitement	Enjoyment/ Joy	Surprise/ Startle
	Fear/ Terror	Distress/ Anguish	Anger/ Rage
	Shame/ Humiliation	Dismell	Disgust

Further research, on internal bodily reactions to shame, have found that there are specific, distinct characteristics linked to shame (Rothschild & Rand, 2006). Platt and Freyd (2015) found that during a shame reaction chemicals including pro-inflammatory cytokines and cortisol are released in the body and there are reactions in the autonomic nervous system causing hyper-arousal. These chemicals could, in situations of continual shaming, cause a stress reaction in the body which can lead to physical, mental or emotional illness. These physical reactions can be combined with feeling small or unworthy (Brown, 2008, Gilbert, 2008).Externally, changes in body language occur when a person feels shame. These include: blushing; confusion; downcast eyes and lowered head (Darwin, 1899).

Nathanson (1993) called the shame reaction "*cognitive shock*". He found that the innate affect was hardwired to connect to each person's history and personal scripts. Erikson (2015) researched psycho-social development throughout the life cycle.

Table 3: Stages of Psycho-social Development (Erikson, 2015)

Stage		Task
1 Infant	Hope	Basic Trust v mistrust
2 Toddler	Will	Autonomy v Shame
3 Preschool	Purpose	Initiative v Guilt
4 School Age	Competence	Industry v Inferiority
5 Adolescent	Fidelity	Identity v Identity dysfunction
6 Young Adult	Love	Intimacy v Isolation
7 Middle Age	Care	Generativity v Self-Absorption
8 Older Adult	Wisdom	Integrity v Despair

Erikson(2015) found that at each stage the developing person has developmental tasks which, if successful lead to a healthy development. In particular at the toddler stage the well cared for child is sure of him/herself carrying him/herself with “*pride rather than shame*” (Erikson, 2015). This indicated that the shame reaction may begin to link to family and societal norms around the age of one to two years when a child learns society’s behavioural rules. However, ways of relating which could evoke feelings of shame may be felt earlier in a child’s development (Josselson, 1996)

Table 4: Eight Ways of Relating (Josselson, 1996, p261)

Absence	Dimension	Excess
falling	HOLDING	Suffocation
Aloneness, loss	ATTACHMENT	Fearful clinging
Inhibition, emotional deadening	PASSIONS	Obsessive love
Annihilation, rejection	Eye to Eye Validation	Transparency
Disillusionment, Purposelessness	IDEALIZATION and IDENTIFICATION	Slavish Devotion
Loneliness, dissonance	MUTUALITY and RESONANCE	Merging
Alienation	EMBEDDEDNESS	Over conformity
Indifference to others needs	TENDING(care)	Compulsive Caregiving

Josselson(1996) looked at eight ways of relating, each on a continuum with absence at one end and excess at the other end. In the parent infant gaze, the eye to eye contact gives the infant validation. Too little contact results in the infant feeling annihilation and rejection and too much results in transparency. *“In eye to eye relating is the recognition that we have meaning to others that we exist for them.”*(Josselson ,1996, p98)

The content of what is seen as “shameful” is taught through the early relationship between parent and child. This has implications for how a child develops attachment and subsequently how s/he relates throughout life. Josselson (1996) suggested that it could be through the giving and withholding of the gaze and the substance in the gaze that we learn shame. Josselson (1996, p117) suggests that, *“Shame is the result of putting forward some valued part of ourselves and seeing revulsion in another’s eyes.”* Where the gaze is deliberately withheld it can tell the growing child that s/he does not measure up to expected norms. Eye contact is powerful, not only in the infant parent gaze but in basic human contact or lack of contact. This could be the mechanism by which we as humans learn what is shameful in our family systems.

Research by Kohut (as cited in Perosa, 1996) saw child rearing as using appropriate withdrawal of parental empathy to help a child develop security and the ability to rely on his or her inherent abilities. However, inappropriate withdrawal of empathy causes disorders of self, characterised by an underlying lack of self- cohesion and fragile self- esteem leaving a person vulnerable to criticism and loss. Hann (2000) found that without this connection at the extreme the child may feel the inherent sense of badness and that where a child is shamed this can have a long term impact on that child’s development.

Minuchin (1974) found that families operate through transactions which contain covert rules about behaviour. Where there are clear generational boundaries and roles this fosters optimum development in children. Marital discord and confused boundaries cause difficulties in the individuation-separation process. Families can become enmeshed and find it difficult to self-differentiate (Perosa, 1996). With healthy development a child develops internalized life guiding ideals, control over impulses and the capacity for self-soothing (Kahn, 2001). People who have successfully internalized a calm, powerful parent figure will expeditiously and quietly soothe themselves, deal with the situation and go on (Kohut as cited in Perosa 1996). However, where neither parent is able to offer this model the child will not have the opportunity to develop this part of self. Such an environment can become toxic for children (Forward, 2002). Particularly in the early stages of development this can lead to a person developing a deep rooted sense of being shameful (Bradshaw, 1995). The interplay of family relationships has a huge potential for causing shame both in the individual and also across and down the generations.

“In shame the repeated experience of mis-attunement (in attachment) is subjectively organised as a rejection of the self, of one’s developmental longings and emotional needs” (Hann, 2000, p110).

Tangney and Dearing (2003) found some individuals were more prone to feeling the negative effects of shame and called them shame-prone. Meifon, Shaff, Young and Zakult (2005) found that when basic psychological need is not being satisfied attachment anxiety can result in shame, depression and loneliness and attachment avoidance can lead to shame and depression. Hartling, Rosen, Walker and Jordan (2004) saw shame as a feeling of unworthiness to be in connection combined with a need for connection. Mollon (2002, p53) talks of “*psychic murder syndrome*”, when a

child's protective system has built up so many layers of protection against shame, that the inner child is lost and a "*stepford child*" emerges. Mouque (2008, p.viii) eloquently describes why resistance can be used as the key to releasing the inner child in therapy.

Another source of shame for people who have suffered from childhood neglect and abuse is that they can be seen by society as being "*damaged goods*" and they often internalise this. This view is another cause of shame and hopelessness for them (Sanford ,1991).

Gender also has an input into shame. Research done on gender and shame found that men and women are equally affected by shame but gender expectations fuel what we feel shameful about (Brown, 2013).

Table 5: Gender and Conformity Expectations

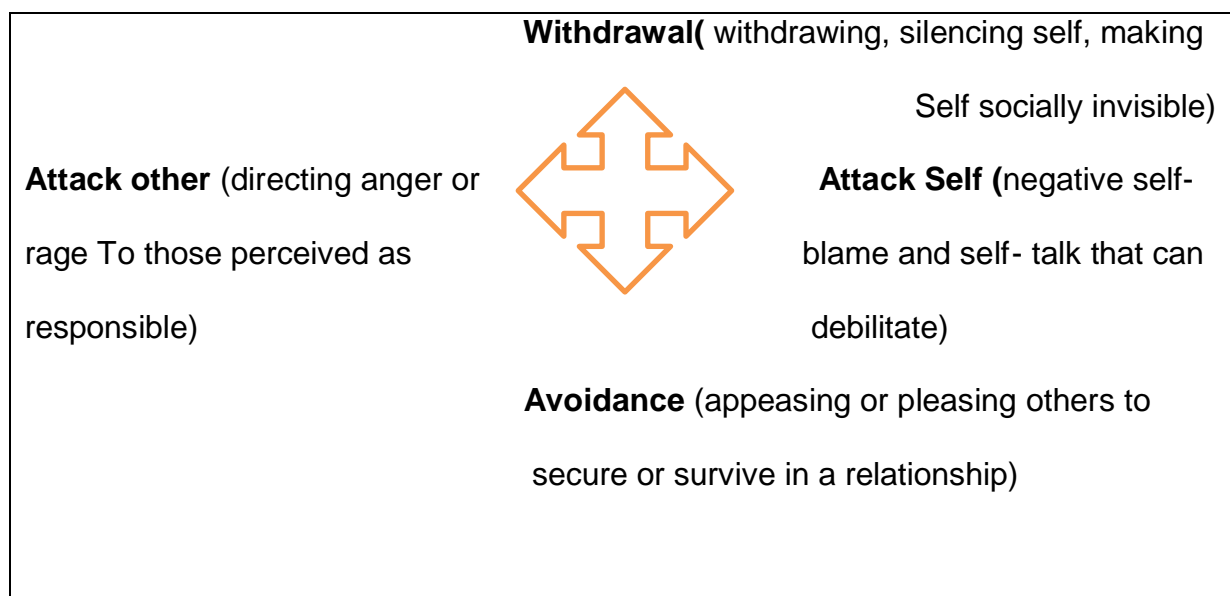
Women's Conformity Expectations (Sanchez-Lopez, Dresch & Apacio Garcia, 2009)	To be: nice in relationships; thin; modest; domestic; care for children; romantic in relationship; sexually faithful and to invest in appearance.
Men's Conformity Expectations (Brown, 2013)	To be: right; strong; tough; and to show no weakness or fear.

Reeves (2015) found that men and women have culturally defined scripts which are part of their socialisation as children. For men failure to adhere to these scripts or not fit the image can cause mental health issues such as difficulty in forming attachments, risk taking behaviour such as substance abuse, internalised shame and hurt, fear of intimacy, feelings of inadequacy and need for control.

Researchers have found that over time people develop a habitual pattern of unconscious response to shameful situations that Brown (2008) called shame screens. The initial defence against shame is the fight, flight or freeze screen. Brown

(2008) believes that our early shame experiences were stored as traumas. This is why we have such painful reactions to criticism, ridicule, rejection and shame. Miller (2005) suggested that we store trauma in our bodies. When we recall the trauma, until the stored energy is released, we experience the bodily reactions as if the trauma is happening in the present. The brain doesn't compute the size of the trauma just that it is a threat. If the flight, flight, freeze response does not work our next screen is to disconnect. Shame screens help protect us from shaming events but they also prevent authentic connection. Developing from earlier work by Horney (1945), Hartling, Rosen, Walker & Jordan (2004) found that over time we develop compass of shame scripts as an habitual way of responding to shameful situations.

Figure 1: Compass of Shame (scripts), (Hartling, Rosen, Walker & Jordan, 2004, p117)



When a shame reaction has been triggered it can be internally regulated by the person if s/he has been cared for and taught to self-sooth. If the person cannot modulate the emotion s/he will adopt the compass of shame script. This is particularly the case where someone has been repeatedly shamed.

Table 6: Compass of Shame Scripts and Behavioural Links

Compass of Shame Script	Possible Links
Withdrawal	Often used by those who have been neglected or abused (Horney, 1945).
Avoidance	Underlying behaviour in situations of domestic violence and abusive relationships, to avoid isolation (Nathanson, 1993).
Attacks on Others	Violent behaviour to those who are perceived to be the source of the shame or humiliation (Gilbert, 1998).
Attacks on Self	Feelings of worthlessness, shame tapes we carry in our heads (Brown, 2013).

When a person feels shame the self- protection system comes into operation. Shame is among the most powerful of human emotions and can lead to homicide, suicide and psychosis in an effort to preserve the core self (Mollon, 2002). Shame can cause feelings of inadequacy causing intense feelings of loneliness, emptiness and abandonment (Hann, 2000). In the extreme defences can include narcissistic grandiosity, violence, promiscuity, social withdrawal and a variety of compulsory behaviours such as drug abuse, gambling, eating disorders. These defensive activities develop over time to cope with unassimilated interjects which are activated in shame (Nathanson, 1993).

Abuse victims often blame themselves for the abuse happening and are left with feelings of confusion, guilt and self-blame as well as shame (Ainscough & Toon, 1996) and someone abused by a perpetrator known to them is more likely to dissociate than someone abused by a stranger (Kelly, Weathers, Mason & Pruneau, 2012).

2.5 The Impact of Shame

In trauma shame has been found by Tangney and Fischer(as cited in Gilbert, 1998, p3) as “*The bedrock of psychopathology*”. The table below shows evidence of shame being connected to a variety of mental illnesses and social issues such as self-harm, violence and eating disorders.

Table 7: Research on Shame Based Conditions

Condition.....	Findings.....	Researchers.....
P.T.S.D.	All traumatised people have some degree of internalised shame	Rothschild(2000), Courtous(1992)
Narcissistic Behaviour	Seen as management of shame experience	Nathanson(1993)
Violence	Directly connected to humiliated fury and destructive, non-assertive ways of dealing with conflict and anger associated with shame. Violence is a face saving strategy by young males.	Gilbert(1998)
Personality Disorders	Linked to attacks on self.	Gilbert and Irons(2004)
Anxiety, anger and Depression	Are caused by self-berating which can activate the stress systems and trigger the emotional system in the brain.	Gilbert(1998)
Self-Harm	Physical attack on self, due to being overwhelmed by negative thoughts. Self-harm is a shame based behaviour.	Wilkinson and Robson(2013)
Eating disorders	<ul style="list-style-type: none"> • Women with anorexia are seeking purity and control over their body • Women with bulimia are seeking emotional satisfaction • Women with non-specific eating disorder are seeking fullness. • At least 50% of women with clinical eating disorders had been sexually abused as children 	Ainscough and Toon (1996) Wilkinson(2006)

Mollon (2002) found that shame and the false self are intimately entwined. Underneath the emotions the self- protection system is trying to protect us from threat. Unfortunately in our world most of the threat is not real. The brain cannot distinguish between life threatening and socially generated threat. The response can be the same. Gilbert (2010, p359) believes that negative self- talk or self- critical thoughts and fears, can take two forms: “*what I think and feel about myself*”, and “*what I think others think and feel about me*”. He goes on to discuss “*the disappointment gap*”, the difference between the ideal self and the actual self. Where this gap is big we are more vulnerable to shame. In shame we believe we are close to the self we don’t want to be. In self- criticism we are disappointed in who we perceive ourselves to be. The accompanying emotions of frustration, anger and contempt also damage us physiologically. When we are vulnerable to shame we are measuring ourselves badly against our ideals. Wilkinson (2006) argued that below the surface of an eating disorder is emotional hunger, sexuality including abuse, trauma including P.T.S.D., and family history including feeling defective in the family where the value and acceptance are based on performance. This links to the disappointment gap.

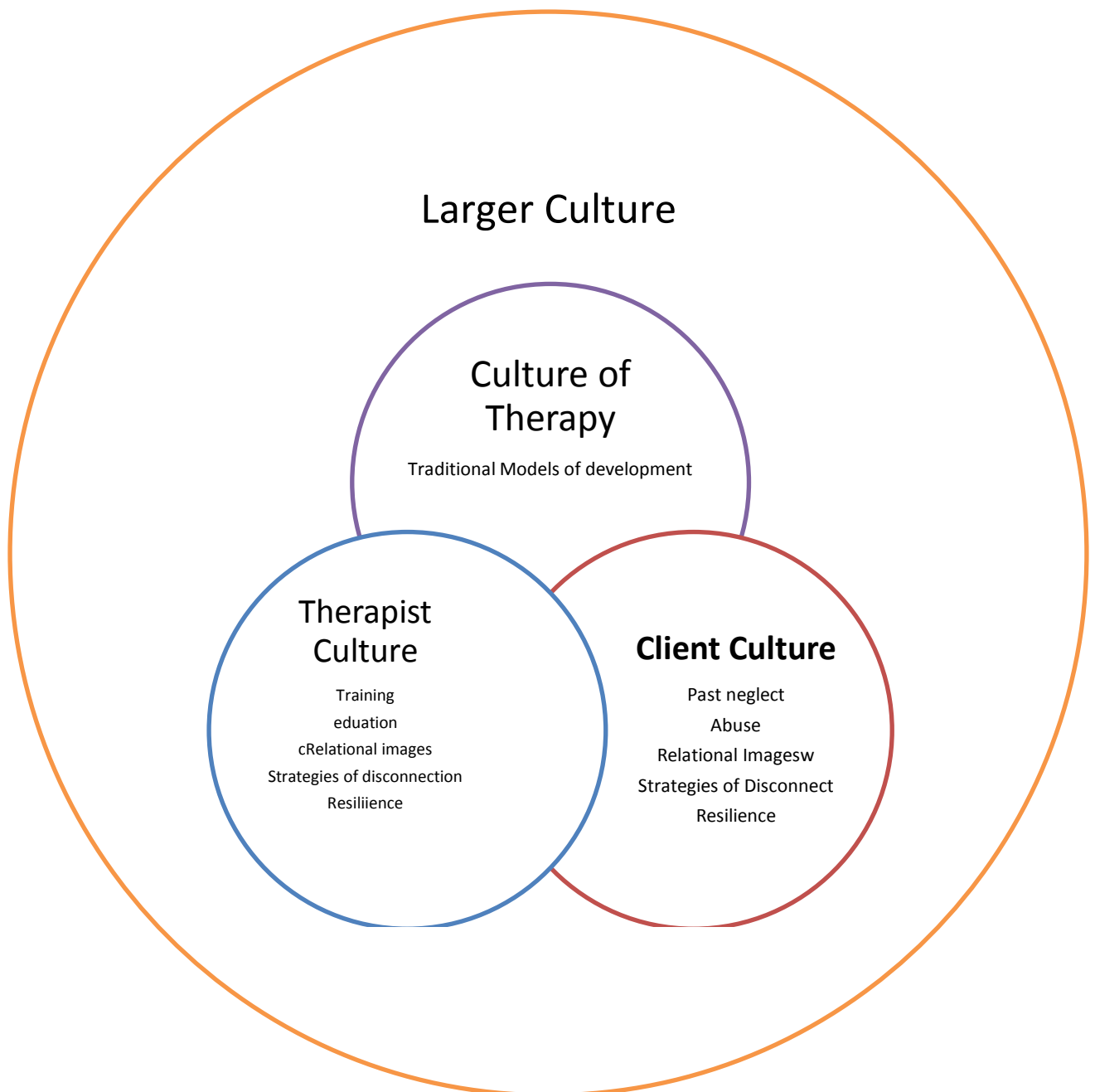
According to Rothschild (2000) a component of P.T.S.D. is that the traumatised person believes there is something wrong with them that they fell victim to the trauma. She also found that shame does not release like other emotions; rather than discharge it seems to dissipate when the person makes contact and is treated with acceptance.

2.6 Shame and Therapy

Working with shame in therapy is a complex phenomenon where many factors have to be taken into account, including the therapist’s culture, the client’s culture, the

culture of therapy and the larger culture (Hartling, Rosen, Walker & Jordan, 2004). This interplay of multiple levels of relationship within the therapist, within the client and between therapist and client make abundant opportunities for shame to come into play in the room.

Figure 2: Relational Complexity (Hartling, Rosen, Walker & Jordan, 2004, p199)

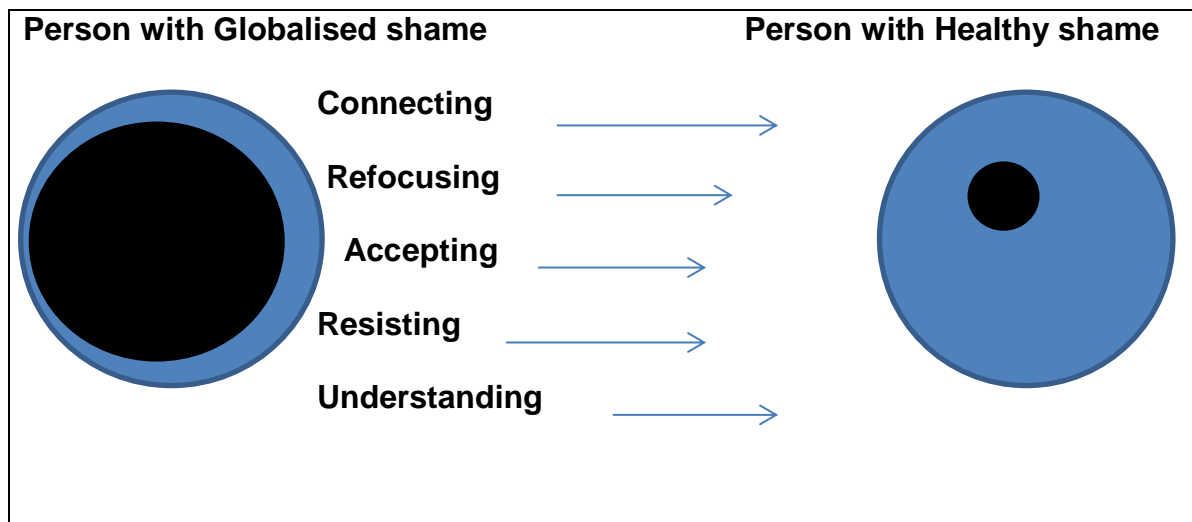


Any disconnection in therapy is a potential rupture in relationship and any such rupture involves potential shame for both client and therapist. If shame is identified as the cause of this rupture then it can be repaired (Jordan, Walker & Hartling, 2004).

Where this is handled well it can be the vehicle for therapy. Where it is not it can make therapy itself a vehicle for shame and further damage. Luoma, Kohlenberg, Hayes and Fletcher (2013) found that shame is at the core of self-stigma and often people who have issues with shame do not continue therapy or even attend in the first place.

In therapy if the client's issues resonate with the therapist's unresolved issues then countertransference, identification and enactments can occur. The therapist may feel inadequate and may collude with the client (Hann, 2000). If the therapist's shame scripts are triggered (Brown, 2013) then this reduces the capacity for empathy. However, if the therapist recognises the shame this becomes an opportunity for growth and greater connection (Jordan, Walker & Hartling, 2004). Self-soothing is important in calming down the autonomic nervous system if arousal is increasing. However, not all therapists and very few clients have this skill (Kohut, as cited in Perosa, 1996). Perosa (1996) argued that Individual counselling can help a client to be freed from generational family shame patterns but group counselling can be useful for communication skills and modelling healthier interpersonal relationships. The conditions necessary for a person to move from globalised shame state to a healthy shame state were found by Van Vilet (2008) to be connection, refocusing, accepting, resisting and understanding.

Figure 3: Moving from Globalised Shame to Healthy Shame (Van Vilet, 2008, p238) (Key black is shame)



In this way the capacity to feel shame is restored to healthy functioning in the client. Pascal-Leone and Greenberg (2007) argued that it is only by confronting the shame and diminishing its impact by working through issues in therapy or elsewhere that the globalisation of shame will be diminished. Rothschild (2003) used a three stage model for working with clients who had been subject to abuse, trauma or P.T.S.D. Her goal in therapy was to integrate the aspects of the trauma. She used the early part of therapy to build up trust and to teach the client about body awareness, anchors and self-soothing strategies so that these can be used to stop the memories overwhelming the client when she began to tackle the trauma. By supporting the client she worked towards self-forgiveness by reworking the story from different perspectives. Gubi (2015) also sees forgiveness as an important factor in recovery from shame. However, Pattern(1985) saw resistance to forgiveness as part of the defence maintaining a sense of power in shame situations.

Many writers advocate that developing a self-compassionate and caring stance towards oneself and connection to others as necessary for successful therapy

(Brown, 2008; Gilbert, 2005; Schanche, Stiles, McCulloch, Svarberg & Nelson, 2011). It has been argued that “*Self-soothing*” and soothing from others can calm down the stress system and return the body to balance and that we can learn to replace shame based self- criticism with compassionate self-correction (Gilbert, 2010, p211).

Table 8: Shame Based Self Attacking to Compassionate Self-Correction (Gilbert, 2010, p373).

Shame Based self- attacking	Compassionate self-correction
Focuses on the desire to condemn and punish	Focuses on the desire to improve
Punishes past errors and is often backwards looking	Emphasises growth and enhancement
Is given with anger, frustration contempt, Disappointment	Is Forward looking
Concentrates on deficits and fear of exposure	Is given with encouragement, support and kindness.
Focuses on global sense of self	Builds on positive e.g. seeing what you did well and considering learning points.
Includes a high fear of failure	Focuses on attributes and specific qualities of self.
Increases chances of withdrawal and avoidance	Emphasises hope of success Increase the chance of Engaging

Overcoming shame requires courage. Parks (2004) defines courage as doing something despite being scared of doing it. Hewitt (2014) found courage as essential in every therapeutic transaction. The courage to be imperfect, setting boundaries and allowing ourselves to be vulnerable while cultivating authenticity, a conscious choice of how we want to live, is seen by Brown (2010) as developing shame resilience. Healing involves exercising compassion, by knowing we are both strong and vulnerable and nurturing the connections and sense of belonging that can only happen when we believe we are enough (Neff, 2011). However Lasch (1992)

criticises the ideology of acceptance and suggests that empathy and understanding without risks pays no attention to realism.

2.7 Issues for Therapists

When working with shame, particularly in clients who have suffered trauma, it is vital that the therapist is aware of the necessity for self-care and has the appropriate strategies for this. Kahn (2001) talks about sources of countertransference in the therapy room. There are two dramas going on in the therapy room, the client's unconscious drama and the therapist's unconscious drama. Chernus (2013) studied therapists' loss, both personal and in the nature of the work. She found that, if not processed, loss affects the therapeutic alliance by causing emotional flooding or emotional numbing in the therapist. She argues the case for peer support and self-awareness as loss is inevitable.

Rothschild and Rand (2006) in their research with therapists found that in order to protect themselves from major job risks including compassion fatigue, vicarious traumatisation and burnout when working with traumatised clients, it was important that therapists had knowledge about the autonomic nervous system. They found that the therapist who can track autonomic nervous system arousal in her own body is in a position to choose the amount of arousal that she can manage or use to her advantage to prevent adverse effects.

Weber and Gans (2003), in their study of group leadership, state that little attention has been paid to the shame of a group leader and its effect on leadership efficacy and group process. They propose that the discussion of shameful topics or the dynamics of the group can produce shame. Such shameful potential is frequently

ignored or overlooked. Shame has a powerful presence in group situations and can impact on leadership image and effectiveness.

All of the research I found gave a note of caution about working with shame and emphasised the need for awareness in therapists, appropriate strategies and support in working with traumatised clients.

2.8 Therapy as a Potential Source of Shame

It is important that therapists understand shame. Any rupture in any relationship can be a source of shame. Therefore, shame is inevitable in the course of therapy (Jordan, Walker & Hartling, 2004). Therapy itself can be a source of shame for both therapist and client. Jackson (2015) found 5.5% of clients said therapy made them feel worse not better. Among the issues raised was the issue of the power imbalance in the therapy room. “*A lack of voice, lack of power, feeling belittled and worthless, feeling judged*” (Jackson, 2015, p8). These are all indicators that the client is feeling shame.

Hann (2000) looked at difficulties that can occur in therapy. A client who has suffered rejection may believe the therapist will also reject them. The client will withdraw to prevent condemnation. If the therapist colludes with this s/he can feel helpless, incompetent, unworthy and some therapists will engage in a parallel withdrawal process. They can be subtle such as averting eye contact or pronounced as in emotional detachment. At the extreme the therapist may conclude that either the client cannot be helped or does not want to be helped which leads to another rejection in the client.

Hann (2000) also described how attacks on self, come from a sense of rejection or unworthiness and are in effect a pre-emptive blow to avoid attacks from others.

When in relationships such people are hypervigilant, constantly observing the reactions of the other to adapt. Therapists may be tempted to fix rather than understand. Therapy cannot occur until the therapist re-establishes boundaries, sets limits and explores the client's commitment to therapy by expecting proof that the client is engaging in activities that are conducive to health and wellbeing. This can re-establish the working alliance.

Hann (2000) emphasised the need for a therapeutic environment to have clear boundaries and be a place where the relationship is emotionally attentive, supportive and accepting of shame. It also needs to be a place where, when a client exhibits a rigid emotional stance, the therapist uses confrontation to help change habitual ways of relating. By using their own awareness of shame, therapists can help clients to translate their reactions to shame into words.

2.9 Summary of how the Heuristic study fits with the literature review

In my initial literature searches I was looking for general literature on shame but after I had interviewed the participants the review became part of my heuristic process as I grappled with understanding the essence and impact of shame (Appendix 10). Every section of this chapter involved a journey of exploration through the literature. The more I read the more questions I asked. In particular; the religious roots to our culture; the breadth of conditions that are shame based; how we learn what is shameful; the impact of shame and how we work with shame in therapy. I began to notice the potential for shame in every situation. The literature came to life to me as I began to listen to my own negative self- talk and became more compassionate to myself. I also learnt to track my autonomic arousal levels and to self- sooth. Eventually the heuristic process felt completed and I recognised my resistance to writing was shame based. I had to detach from the process to write (Appendix 8).

3 Methodology

3.1 Philosophy and Design

Research is about gaining new understanding then sharing the insight gained to help in practice and in future research. There are two main research paradigms. Quantitative research is objectively looking to test hypotheses by analysing large amounts of data and reaching impersonalised, generalised conclusions. The rules of statistical validity and reliability can be applied to a quantitative study. However measurement will only tell us the magnitude of an issue (Wertz & Charmaz, 2011). Such rules do not hold for a qualitative process which comes from a humanistic perspective in which individual responses are considered and participant specific conclusions are reached. Qualitative research is aimed at achieving an in-depth understanding of human action and experience (Mintz, 2010). Qualitative questions concern the ontology of the subject being studied including the structure, the process and the characteristics of the subject matter (Werts & Charmaz, 2011). When deciding which type of research to undertake the underpinning philosophy needs to be in keeping with the area of study. As I wanted to focus more on the characteristics of shame, I decided to use qualitative research in this study. I then looked at different types of qualitative research such as Interpretative Phenomenological Analysis (Smith, 2009), Grounded Theory (Charmaz, 2014), Discursive Narrative (Andrews & Squire, 2013) and Action Research (McNiff, 2013). As the focus of this study was more about the essence of shame I then looked at personal experience methods such as Auto Ethnographic work (Chang, 2008) and Reflexivity (Etherington, 2004). Eventually I chose Heuristic methodology (Moustakas, 1990) for this study as it focuses on how people experience the fundamental aspects of their lives (Denscombe, 2008). The focus is on the self of the researcher. My aim was to

capture people's experience not just how they voice their experience (Silverman, 2004). As this is a Heuristic study I also want to integrate my own experience of shame into the research by keeping a reflective journal of my shame reactions throughout the research (Appendix 10).

According to Mc Loud (2011, p206) "*Phenomenology ends with the essence of experience, heuristic retains the essence of the person in experience.*"

3.2 Heuristic Enquiry

The philosophy behind heuristic enquiry is fundamentally person centred with the underpinning belief that a person has an innate potential for growth, creativity and meaningful self- expression (McLeod, 2011). It is based on a Social constructionist perspective (Gergen, 2008), that we co-create our experiences through relationship. Where most phenomenological research takes a detached stance Heuristics is concerned with connectedness and creative discovery and also with embodied understanding where the whole person remains visible. According to McLeod (2011, p 206), "*Moustakas evolved a method that sought to facilitate disciplined, Husserian self-exploration of topics that were existentially significant to the inquirer*".

My aim was to be disciplined in keeping to Moustakas' (1990) methodology. I was aware that at worst this method of inquiry could become narcissistic (Morrison & Hillside, 1989), and at best could provide new insight into working with shame in therapy Moustakas (1990, p17) stated that "*Learning that proceeds heuristically has a path of its own. It is self-directed, self-motivated and open to spontaneous shift.*"

Heuristic research is inherently different from other forms of research as it is autobiographical and intrinsically open ended. It requires the researcher to identify with the focus of the inquiry and using self-dialogue, tacit knowledge (understanding

wholeness from an understanding of the elements), intuition, indwelling, focusing and an internal frame of reference gains an in-depth experience and new understanding of the phenomenon being explored (Gendlin, 2003). The subjectivity of the research is its strength in that it is through this personal contact with the issue that themes which are common to all humanity may emerge (Moustakas, 1990).

Phases of the Heuristic Enquiry

Heuristic research has six phases (Moustakas, 1990). They are engagement, immersion, incubation, illumination, explication and creative synthesis. These phases are followed to reach a creative synthesis but research may progress backwards and forwards through the phases looking at the whole and the parts until the essence is understood. Etherington (2004) promoted the idea that reflexivity, to be aware of the researcher's own reactions while being attuned to the reactions of the interviewee, is crucial to qualitative research and particularly to heuristic research. When conducting the research I found that the six phases of heuristic enquiry were not linear but often circular until illuminations were reached.

Table 9: Phases of the Heuristic Process

Phase.....	Definition.....	Activity.....
Engagement	This is when the interest and connection with the topic develops	For me this was an internal process of self dialogue until the focus of the enquiry and the question emerged. Once that happened I engaged with the literature and found the participants.
Immersion	In immersion the researcher lives the focus of the enquiry. Every conversation, meeting or reading informs the study. Using intuitive clues and drawing from the tacit dimension where we know even what we cannot immediately say (Polanyi,	For me this was interviewing the participants, listening, transcribing, analysing and reading. This was accompanied by spontaneous self-dialogue and reflective journaling.

	2009). Polanyi saw the tacit dimension as the part of us that sees patterns from limited information and further clues either confirm or disregard the pattern.	
Incubation	Incubation involves a stepping back from the researching, creating space and allowing the internal assimilation and new understanding to emerge.	I found myself at this stage several times. I wrote dreams, ideas, thoughts, artwork and poetry as they emerged (Appendix 10) While not focusing on the research, patterns assimilated outside awareness .
Illumination	Illumination is a breakthrough into conscious awareness of qualities and clusters of qualities as new insights and understandings develop and structures or patterns emerge. This opened the door to new awareness, modification of old understandings, new synthesis of knowledge or a new discovery	I became aware of changes in my perspective of shame as the study progressed.
Explication	Explication is verbalising and making sense of the material by exploring the meanings behind the concepts. It involves creating an inner space where the nuances of the phenomena can be explored until core dominant themes emerge	As I wrote my commentary I was aware of maintaining the participant's individual frame of reference and staying true to its meaning.
Creative Synthesis	Producing a synthesis of the integration of the material reflecting personal knowledge, tacit awareness, intuition and understanding of meanings. (Etherington, 2004). This requires a period of solitude to move beyond the data to an inner life of the question (Moustakas, 1990)	However, meanings are inherent in a particular world view so awareness of my own frame of reference and how this impacted on the research was vital.

3.3 The Research

Pilot Study

I compiled all the paperwork necessary for conducting the research (Appendix 3) and I undertook a pilot study to test my questions to see if they brought out the lived

experience of shame. The pilot study also tested the impact of the interview on the interviewee and gave me, as interviewer experience of conducting the interview.

Having discussed my pilot study with my supervisor I distributed my flier in the university, among all my counselling contacts to distribute to their colleagues and at a local counselling organisation (Appendix 3).

Sample

I chose a criterion based purposive sample. This is a subjective sample chosen to satisfy the objectives of the study (Palys, 2008). This type of sampling is frequently used in qualitative research and in particular in heuristic research where individual responses are central to the findings. The sample included four qualified, counsellors with at least three years counselling experience inferring a developed level of self-awareness.

Table 10 Participant Inclusion Criteria

- To be sufficiently grounded in their understanding of shame to minimise the risk of harm from being interviewed on this sensitive topic.
- To be a Member of a professional body such as B.A.C.P.as this meant the interviewee worked within ethical guidelines and was aware of issues of self-care and personal responsibility for what they disclose.
- To have an adequate support network and access to counselling if this topic resonated with personal unprocessed material. This need for self-care was emphasised by Rothschild (2006) who examined carefully how the brain function can be aroused when connecting with shame either vicariously or personally.

The selection also included:

- Counsellors from different genders. Two were male and two were female;
- Counsellors of different ages. This ranged from thirty plus to over sixty;
- Counsellors who were living in the North West as this was reasonable for travelling.

Table 11: Profile of Participants

	Participant 1	Participant2	Participant 3	Participant 4
Gender	Female	Male	Female	Male
Age	51-60	31-40	Over 60	51-60
Counselling Approach	Relational integrating PCC and Psychodynamic	Relational integrating PCC and Psychodynamic	Initially PCC then Gestalt	Initially PCC then Gestalt
Practising Counsellor	Yes	YES	Yes	Yes
Regular Supervision	Yes	Yes	YEs	Yes
Member of Professional Org.	Yes	Yes	Yes	Yes
Experienced	Over 3 years	Over 3 years	Over 3 years	Over 3 years
Grounded in Personal Experience of Shame	Yes	Yes	Yes	Yes
Where Interviewed	Hired Room	Hired Room	Own Home	Own Home

Data Collection

Moustakas (1990) talked about interviews taking the form of a dialogue between interviewer and interviewee. I chose to use a semi-structured interview as in this the questions would cover wide areas so there would be space for such a dialogue to take place. The nine questions covered four main areas (Appendix 3).

- An image or metaphor for shame.

- The participants' understanding of shame.
- The participants' experience of shame and the impact of shame on them.
- The participants' experience of working with shame in counselling including strategies they use.

The interviewees were sent a letter explaining the process (Appendix 3). Each interview was between one to one and a half hours, was recorded and was followed by a debrief. During the interviews I asked my interview questions in order but where I felt interviewee's response elicited further exploration I chose to explore that area in more depth.

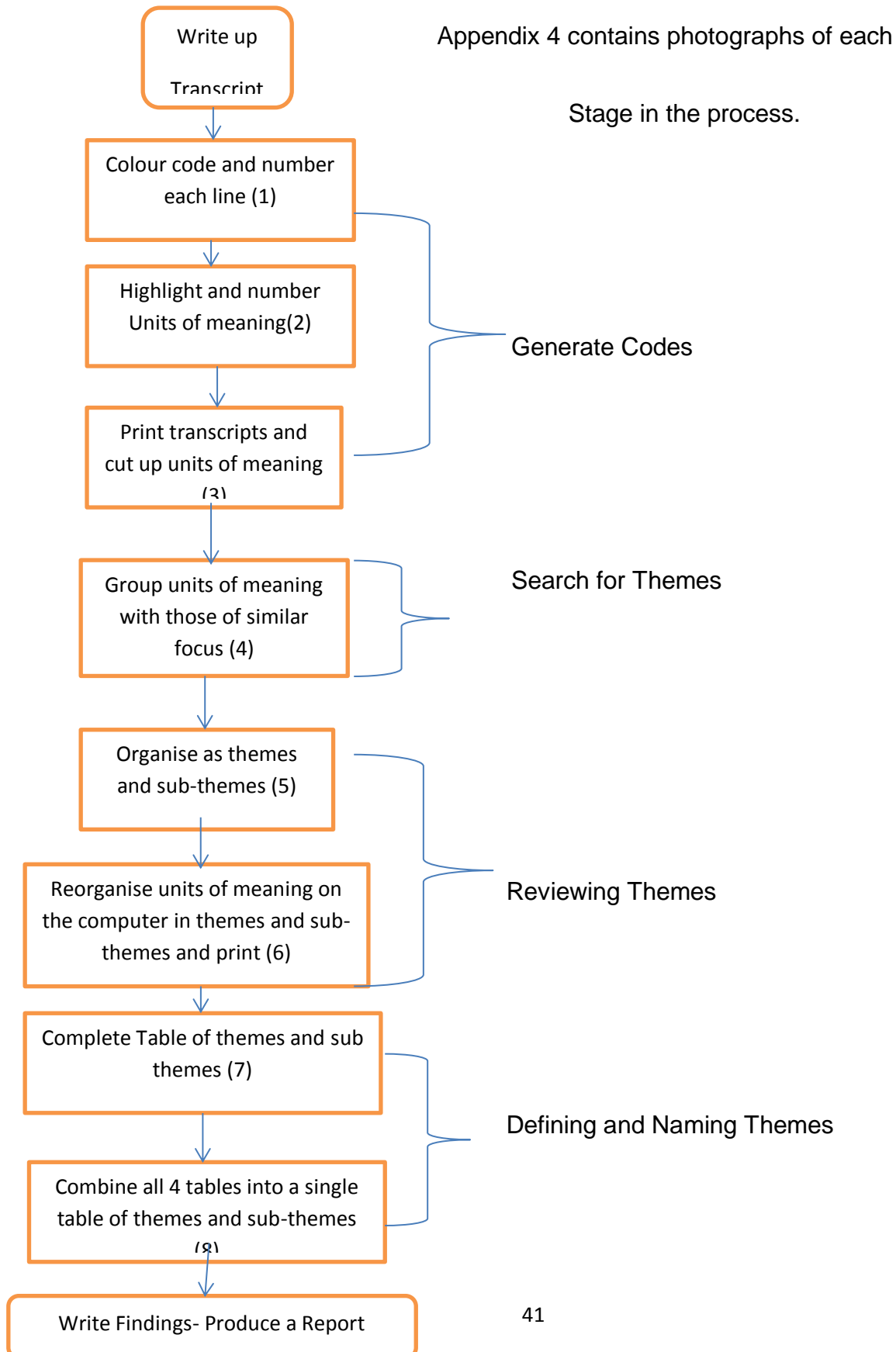
Throughout the process I kept a reflective journal (Appendix 10) and in particular while transcribing the interviews I was continually reflecting on the process (Appendix 9). Once transcribed, a copy of the transcript was sent to the interviewee for checking and feedback. When this feedback was received the analysis of the transcripts began.

Data Analysis

I used an inductive process for my analysis (Palys, 2008). Inductive reasoning starts from the data and the themes identified are strongly linked to the data itself (Patten, 1990). This is distinctive from deductive reasoning which starts from a hypothesis and tests it against a set of data. I used latent thematic analysis (Braun & Clark, 2006) to analyse the data as this captures the underlying meaning in the data as well as patterns in the responses. This method of analysis is flexible, while consistent and fits with the Heuristic process. I immersed myself in the information collected in order to assimilate as much implicit and explicit meaning as possible. I read and re-

read each transcript absorbing the meaning that emerged. The actual process is outlined in the flow chart below.

Figure 4: Flowchart of Data Analysis For Each Interview(Appendices 4, 5, 6, 7)



I then wrote my findings followed by and a discussion chapter triangulating the findings, the literature review and my heuristic reflections (Appendix 8). This was to ensure the validity of the research.

3.4 Ethical Issues

Research in itself is an ethical paradox. It is a balance of “*tangential exploration and unprepared probes.*” (Elliot & Williams, 2001, p182). Planning a heuristic study is both structured and unstructured. Methods can be planned but processes are less defined. Within the process of research there are a number of ethical issues

Informed Consent

A contract was used to gain consent for taping the interviews (Appendix 1). This was written in accordance with Chester University Research Governance Handbook (2011 and 2014). A further contract was used to clarify the terms of conducting the interviews and to define the limits to the use of materials for future publication with assurance that every effort would be made to ensure anonymity by the removal of any identifiable aspects of the data (Perren, 2010). Within the contract was the right to withdraw, a commitment to sending the transcript for correction and the boundaries of opportunity for feedback (Appendix 3). There was transparency in the contract specifying that I would work within the B.A.C.P. Ethical Framework (2013 and 2015) and would adhere to the principals of beneficence, non-maleficence, informed consent, and anonymity. There was also the expectation that I as researcher would be honest, trustworthy, and respectful and would have integrity. The University of Chester’s Research Governance Handbook (2014, Paragraph 50.1, p17) which states that “*each potential participant must be adequately informed prior*

to commencement of the research of the aims, methods, anticipated benefits and potential hazards of the research and any discomfort it may entail.”

The Handbook also states that records of consent should be maintained for not less 5 years, all participants should freely volunteer, have the right to withdraw consent up to the time of writing the final draft without any adverse consequences and they would be informed of this date. Participants would also be made aware of the procedure for making complaints.

While every effort was made to gain informed consent the participants could not be sure beforehand what emotions might be triggered by the interview on such a sensitive topic. As Eliot and Williams (2001, p82) state “*How can consent be realistically obtained for what is process in action?*” For this reason participants were chosen who had had sufficient training and experience and said they were grounded in their understanding of shame. However, it was important to also include time for a debrief so that anything that arose during the interview could be addressed. This is particularly important with a topic such as shame as powerful emotions could be triggered.

Confidentiality

All the data was stored anonymously with contact details kept separate from transcripts. All identifiable information was removed. The scripts were colour coded and the coding kept separate from both the scripts and the contact details. As required by the university, all relevant data will be kept securely for 5 years and the recordings will be destroyed once the award is given. However, it is impossible to completely ensure confidentiality while being true to individual experience which may be identifiable.

Interviewee distress

According to Bond (2004, p5) "*Reasonable steps should be taken to control and eliminate all adverse risks to participants*". However, due to the nature of shame, there is a risk that participants could become distressed before, during or after the interview. The risk was minimised by having a clear structure to the interview process followed by a debrief to ensure maximum safety. I stated in the information sheet that this topic could be distressing and the need for self-care is paramount (Appendix 3). The nature of shame in its tendency to hide what is going on makes transparency crucial. My reason for choosing experienced counsellors was because it is reasonable to expect them to have a degree of self-awareness and developed self-care strategies. However, I did not assume that this would ensure no distress. For this reason the expectation of a support system for those taking part in the study was made explicit (Appendix 3).

During the interview care was taken to hold the boundary as researcher rather than personal counsellor and each interviewee was informed, before the interview that should s/he become distressed the interview could be stopped and support given. If after the interview the interviewee became distressed then I was available within boundary constraints if support was needed. A huge dilemma in undertaking this type of research is that I could not guarantee that no harm would be caused (Rothschild, 2000).

Self- Care

Self-care is vital when undertaking Heuristic Research. Shame is a deeply personal issue and as such immersion in the topic has its own inherent risks (Rothschild & Rand, 2006). A safety net of support needs to be built into the research process both for the interviewer and the interviewees (Elliot & Williams, 2001). My plan for self-

care was: to be aware and to monitor my own reactions using my journal Appendix 10); to attend regular meetings with my study buddy and supervision for support through the process; to have adequate sleep and exercise and to enlist a personal therapist while undertaking the research. I had the B.A.C.P. information and helpline if needed for further support. This enabled me to resolve issues as they arose. However, one aspect of self-care that also had to be considered was the level of personal disclosure in a heuristic study. To be open and honest yet not disclose material that would feel exposing as I as researcher would not remain anonymous. This issue was one I struggled with throughout the process. My journal contained all my thoughts but the final research contains an edited version of my journal (Appendix 10).

Dilemmas

In undertaking any research ethical dilemmas can occur. I aimed to limit the risk from such possible ethical dilemmas, during the research process, by only interviewing counsellors who were members of professional organisations such as B.A.C.P. as they already knew the guidelines and I stated in my correspondence that I would be working within these guidelines (B.A.C.P., 2013 and 2015).

One dilemma that arose during the process was choosing the venue for the interviews. Initially I booked a counselling room, in a building used for counselling, for my interviews. By the second interview, in which there was an interruption and we had to move rooms, I felt that participant confidentiality and anonymity may not be totally secure in this environment and having considered the possible risks I conducted the other two interviews in the participants' homes.

Validity and Trustworthiness

According to Moustakas (1990, p32)

The question of validity is one of meaning; does the ultimate depiction of the experience derived from one's own rigorous, exhaustive self-searching and from the explications of others present comprehensively, vividly, and accurately the meanings and essences of the experience?

The tenets of validity of qualitative research are: rigour in following the heuristic method and process; trustworthiness and triangulation to ensure the data is reliable for this sample of participants. For qualitative research to be trustworthy it must be, and shown to be, internally consistent in describing the context of the study and following the stated procedures including feedback from participants (McLeod, 2011). There also needs to be an audit trail and evidence of researcher reflexivity

In this study validity was demonstrated through triangulation of the words of the participants, my own heuristic process throughout the study and the voices from other research literature (Saunders & Wilkins, 2010). This was supported by: a rigorous analysis and paper trail; a transparent, honest reflexive journal throughout the process and accurately conveying the participants' words and meanings.

3.5 Conclusion

In rigorously following the heuristic process and taking into account the ethical issues I hope this piece of work is seen as valid, adds to the body of knowledge on the issue of shame and is a valuable, accurate reflection of the experiences of those who have given their consent to participate.

4. Findings

Table 12: Main Themes and Sub-Themes (Key M16- Mary, Unit of Meaning 16)

Understanding of Shame	Physiology and Shame	Socially Constructed Aspects of Shame	Impact of Shame	Shame and Therapy
Metaphor for Shame	Unconscious C14, T13	Conditioning tool G42,G97, M19, T112 Guilt and Shame T39, M20	Damages Shame Prone T34,C92,C110 M21,M25,C93, M35,M34 ,G48	Presentation of shame in Therapy C101,C52, T152,T109 ,M71,G101, G76,,G80, G67, G10,G78,G54,M74
Perception of Shame T14, C10,C11, G4,M101 M102,	Internal Effects G9, M50, M51	Personal Experience C16.C17,C25, C20,C75,C35, C59,C76, C77,C39,T49, T54,T56,T111, T73,T19,T20, T80	Physical and Mental Health T64,T68,T63,T78 Silence G23,G43 ,T65,T141,G84	Embodied Response G61,G31,G90, G57,G62,G35, G92,G34,G56, G59,G68, T113, T94, M78, M64, C84
Less Than M103	Bodily Signs G88, M33,G6, G27, G50, M68,M79 G83	Personal Exp. continued M12,M14,M49. G16,G17,G19, G15 ,G20,G21	Negative Self- Talk M81,M82, M46,T106,T104.	Therapist Attitude G69,G29,G38,G63, C69,C111
	Defence/ Protection System G52, M5,M24,C108, C109, T76	Shame Scripts M41,M39,M22, G14 ,C39, T45,T60 C29,C64,C65,, T40 T69,C12, C37,T24	Resistance C104,T93, T101,T96 Damages Trust in Self M29,M45	Therapeutic Strategies G32,M70,M56, M73,T132,T136, T131,M77,M75
		Judgement Expectation M80, M85 ,C95	Positive Effects of Shame M59,M26M28, M48M63,C113 T81,T31,G33, G49a	Potential for Shaming in Therapy G49b
				Song Lyrics T143

From the analysis of participants' data five main themes emerged. For each theme there are subthemes. For each sub-theme I am going to describe what the interviewees say and include some quotations which give the flavour of each aspect. I have used pseudonyms to keep identities confidential (Appendices 5, 6, 7).

4.1 Understanding of Shame

Metaphor

Each participant gave an image of shame for them.

Mary: *A person in a curled up foetal kind of position.*

Tom: *An image of a child wetting himself.*

Carol: *Hiding in a pit.*

Greg: *A person with a crack down the middle like an earthquake.*

The images all capture the essence of shame.

Perception

I then looked at each participant's perception of the meaning of shame.

The participants described their understanding of shame in different ways. Tom saw shame as pervasive in his life making life harder while Carol saw shame in terms of fear. Greg saw shame as a continuum from mild embarrassment to debilitating shame whereas Mary saw shame as two distinct types, normal and trauma based shame.

It's like a Paralympic athlete is running against the fact that they've got no legs that's there that's the struggle (T14).

Fear of humiliation, fear of being found out ,fear of being judged, fear of being stigmatised, fear of being different, ashamed of who I am, fear of revealing who I really am (C, 10, 11,).

Debilitating shame is a splitting of oneself where one becomes disconnected from the world and from oneself so it's like a part of one that has no connection anywhere. An abandoning of part of oneself and its deep and its nonverbal and it can be crushing and its very common (G4).

Day to Day shame and trauma based shame which is malevolent (M101).

Less Than

Mary defined shame making someone feel less than others.

Yes less than and that connects with the shame really it's like you are eroded away. It's like you are damaged goods (M103).

4.2 Physiology of Shame

Unconscious

One of the main themes that emerged was the physiology of shame. Shame often operates on an unconscious level. A link was seen between shame and the limbic system. Participants saw shame as being held in the body, stored as body memories and expressed through body language. They also talked about the body's defence system which helps to protect us from being shamed.

It was such an uncomfortable, unconscious level (C 14).

It's kind of been there as something in the background somehow (T 13).

Internal Effects

Two of the participants talked about shame as part of the limbic system.

Everyone who has a limbic system experiences shame and I have experienced shame (G9).

It's only when I learnt about how the amygdala works and it's got no context and it's how you reacted the last time something happened that is how you react now (M50).

it explains to me it's not my fault (M51).

Bodily signs

Shame is a body thing (G88).

I can feel it inside my body and it's like a cold feeling inside (M33).

Looking away slightly, reddening or tightening (G6).

Experiencing heat (G27).

I probably feel it here a lot in my chest. Sometimes in my stomach (G50).

Eyes down, face down, eyes downcast (M68).

Body posture It's sort of very closed down and still. The thing about body language as I said before closed in body language: not giving eye contact; low voice (M79).

Greg also felt that a shame reaction in a counsellor can relate to a client feeling shame.

My reddening can be something relating to the client's nervous system coz our nervous systems are connected (G83).

Defence/Protection System

All four participants saw shame reactions as related to the bodies defence system which aims to protect us against further shaming.

Probably armouring myself in my chest (G52).

I would withdraw really withdraw and potentially dissociate with shame and it would shut me down (M5).

It's like being hyper-vigilant of it happening again (M24).

So I dealt with it by presenting a front to the world that you couldn't penetrate(C108).

I think people do deal with it differently from disassociation to acting out (C109).

I mean to this day I don't express (T76).

4.3 Socially Constructed Aspects of Shame

Conditioning Tool

Three participants talked about shame as a conditioning tool in society. The way society creates conformity. They recognised that shame often operates at an unconscious level and has the characteristic of not being spoken about. Mary debated if shame was socially constructed or is it intrinsic. She concluded that it was both. Tom sees shame as synonymous with negative conditions of worth.

How we or I was conditioned as a boy was shame. It's a good conditioning tool (G42).

Shame is a big part of education (G97).

When I've read about shame they say things like it's needed for so we conform to societies needs and rules. It keeps us in our place. Stops us from becoming criminals or whatever it doesn't for everyone. Well erm it's got a role but I don't feel there is a role for shame (M19).

It is a mode of being that is there because of what other people have said and done and to live like that is not real, it's false, it's like living like a puppet (T112).

Guilt and Shame

Guilt and shame are often confused as being the same. Two participants commented on the difference between guilt and shame. I have included this here because the capacity to feel shame is innate while guilt is a learned reaction (Tomkins, 1993).

Shame is something that is there because of your life and how it happened. Guilt is something you feel you should have done that you haven't done (T39).

Guilt is something I can torment myself with but when I feel shame it is as if I am being tormented (M20).

Personal Experience

All four participants were very open and honest in vividly describing their personal experience of shame. Some are included to give the essence of their perspective.

Carol was born of unmarried parents, was abandoned by her mother at five and suffered neglect and abuse from her stepmother. At school she felt she gravitated towards others who she felt were different and she felt she underachieved at school because of her home life, although she was bright.

Starting almost from the word go there was shame involved (C16).

Shame because erm my mother and father weren't married (C17).

My mother left me basically when I was 5 years old I had just started school. Basically I came home from school and she's GONE (C25).

Erm not being able to do things not being able to go and play with friends because of who I was coz my step mother told us we were BAD (C20).

Dirty being dirty (C75).

I DESPARATELY didn't want anyone to know where I lived, but it was fine coz no friends came home anyway (C35).

I'd pair up with people who I felt I wouldn't feel out of, different from.

She smelt and was dirty and I gravitated towards her because it was the safest (C59).

She (her stepmother) got clothes given to her by this person, old lady's clothes and I had to wear these). People sneering that I had terrible taste in clothes (C76).

My dad gave me this green silk scarf which was lovely to wear but had this old grey coat. It was just humiliating (C77).

So I mean you can say my whole childhood experience being based on feeling very, very different (C39).

Tom grew up feeling his parents and the way the family interacted meant he was expected to be quiet, work hard and not make a mess. He was controlled by the put downs which were seen as humorous. He felt he didn't fit into the role expectations at school either. He was hit by a bully at school and again did not fit into the expected role of hitting back. He felt that the poor communication in his family led him to self-

harm because he had no words to express his feelings and how this was managed in his family.

In Liverpool the best thing to be was sporty or good at running or football and I wasn't any good at those so the school system carried on where my parents left off (T49).

(After being hit by a bully) I just can't and I didn't want anyone to see it and I cleaned myself up and I must have gone to my room and pretended to be doing something so no one knew and to this day no one knows (T54).

Coz I didn't do anything I didn't fight back (T56).

I remember and it's joked about a lot in the family when I was I must have been about 5 and I'm whispering now as I say it I kept a bucket of wee under my bed and that was discovered when it was up to the brim and it's joked about (laughs) and we sort of laugh about it (T11).

I remember my dad there was a programme about self-harm or something was mentioned on the news and my dad said blithely that's what you do and I wanted to sink into the floor swallow me up and I wanted to say well I do actually dad (T73).

And I think it's something to do with the American psyche everyone is welcome and I felt welcome there and what was welcome was me (T19).

And the shame somehow was left behind. There was something about being on another continent a long plane ride away that set me free and I began to experience what life was like without something holding me back (T20).

More free I suppose you could say (T60).

For Mary her main source of shame was being sexually abused in front of others as a teenager as well as being raped twice later. The sexual abuse resulted in her feeling debilitating shame for many years. She felt that this has impacted her in how she still reacts in group situations which can send her into feelings of humiliation.

Some of it (being sexually abused) happened several times and one occasion there were several people watching and that is like public humiliation (M12).

After that interaction (being verbally attacked in a group) stopped I felt too visible (M14).

Oh yes, there is one of those things later on in life when I got raped and didn't fight. When I got attacked by the lads I fought, but was overwhelmed by them because it was multiple people, so I was overwhelmed by them but so and I dissociated (M49).

Greg suffered shame from the way his family interacted arguing and leaving him feeling humiliated and without a voice. He later felt shame from marital conflicts, feelings of rejection and unfairness.

To experience aspects of my family and how they were interacting was shameful for me (G16).

I didn't know how to fix it and I didn't want to tell anyone (G17).

Situations where I felt challenged unfairly or criticised unfairly (G19).

Looking like a boy when they were looking like a man (G15).

Experience rejection in relationships, marriages breaking down (G20).

A marriage, lots of slights (G21).

Shame Scripts

All four participants felt they had habitual patterns of reacting to shame such as feeling different, attacked and left out, needing to please, feeling intrinsically bad and wanting to feel normal.

Sometimes if I feel people are leaving me out (M41).

It takes me to a very vulnerable place (M39).

Not well I feel on the edges of groups (M22).

Not fitting in through school (G14).

So I mean you can say my whole childhood experience being based on feeling very, very different (C39).

Trying to keep my balls in the air really so that nobody knew what was going on (C64.)

Lived in fear, of people finding out about me then laughing at me (C65).

For me that shame is about being normal. What I am is actually normal (T40).

The only male teacher in the school and I wanted to please him all the time and I raced through all the textbooks (T45).

fear of being judged as bad for some reason (C12).

Never, ever being able to please her (step-mother) coz no matter what we did we were BAD, we were BAD, We needed to be disciplined (C37).

Not worthy of being seen because there is something inherently bad about them. Not that someone has committed a crime and feels shame for that but that their natural self shouldn't come out because it is somehow wrong (T24).

So the shame of the shame on top of shame if you like because of the shame I had cut myself and because of someone's reaction to that I felt shamed again (T69).

Judgement/ Expectation

Two participants felt that clients expected to be judged by the counsellor.

People will like put words into your mouth like thoughts into your head like you must think, this about me or I bet you are thinking x, y, or z (M80).

They blame themselves so they expect me to blame them or think bad things of them (M85).

It's one of the last things you want to talk about because you are experiencing it the fear of exposing yourself and feeling judged (C95).

4.4 Impact of Shame

All four participants described how they felt shame had impacted them in their lives, initially by silencing them but in working on their shame they have all become counsellors helping others. One participant felt what had happened to her had permanently destroyed part of her while another felt it had been the root of her compassion for others.

Damages /Destroys

All four participants felt that the shame of what had happened to them had had a long term impact on them.

It kind of held me back a bit and it kind of made me think that the things I'm good at I wasn't actually good at (T34).

The shame of what has happened. The tyranny of the past (C93).

And also there is something a bit shameful about you know talking about the past (C92).

Yes I have experienced it quite severely when I was a teenager when I was being sexually abused and I think it kind of destroyed part of me and I don't think you ever get that bit back well I never got that bit back (M21).

You can say I was sexually abused and that will change their view of you and you can never change that view they have of you (M34).

I still get drawn into that "I'm not a good dad" at times (G48).

Shame proneness

Two participants saw themselves as being very sensitive to being easily shamed

I can be shamed fairly easily (C110).

I think I am very easily shamed (voice sounds sad) (M25).

Physical and Mental Health

For Tom the effects of his childhood shame resulted in him starting to self-harm in his teens and mental health issues as a young adult.

I felt I can't tell anyone. Mum and dad oh I've had an argument I'm really upset. That would have been shame as well so I cut myself because there were no other words to express (T64).

Someone said .What happened to your arms? I thought I couldn't say what had happened because that embarrassment that fear that shame I couldn't say I couldn't articulate what I was feeling that was my only way of coping with it so I said oh the cat scratched me. And he went yeah right and I felt shame again (T68).

I had to go to my room to avoid being seen to avoid being seen to be hurt and that led to adult life and some more serious mental health issues for me (T63).

I went to see the doctor and I sort of said what the problem was and I think she referred me straight away to a psychiatrist or psychologist. I was terrified at the appointment that they were going to lock me up and throw away the key and all this sort of thing (T78).

Silence

Three participants felt that the impact of shame had been to silence them.

Oh the silence of the family never saying anything, talks about my mother made me feel ashamed of what was happening. So I learnt to keep very, very quiet about what was happening (C23).

So my shame silenced me (G43).

And so the only thing I couldn't talk I had to cut myself (T65).

The non-presentation (T141).

Clients can feel shame in the silences in counselling.

When nothing is being said can touch shame because we have the expectation that we need to be talking (G84).

Negative Self-Talk

Mary felt Shame had been the root of her negative self- talk and self- blame. She gives vivid examples of the type of self- talk.

I'm just a fuck up. I'm just being too sensitive you know. In the past I've just took it that it is me and relationships are mutual (M46).

or you must think I'm pathetic (M81).

I could have done something different (M82).

Tom talked about voices of shame and self-blame in client work.

And so some of the things that they're saying might not be a true reflection of how they see things it's the working of the internalised shame producing voices of others (T106).

It's taught me that the person who is there in front of me has been affected by things that have been outside their control (T104).

Resistance

Tom and Carol talked of resistance in therapy.

On the whole people will always cover up shame because of the very nature of the thing you know shame is something you don't want other people to know about you are shameful about. Eventually people do (C104).

He couldn't say it, he wrote down what had happened and he had written in there that he was ashamed about what had happened to him and he just sort of gave me the piece of paper. He couldn't keep it. He couldn't own it (T93).

Yes, I think once we acknowledged it, it was a case of let's move forward or let's not move. So he took the choice to not move (T101).

In the following sessions we looked at shame and how he found it really hard to go there and I reflected to him it was like an iron wall had been built around this part of his life and that was shame for him (T96).

Damaging Trust in Self

Shame has damaged one participant's trust in herself.

It's not as obvious so I mean very subtle stuff you don't know whether it is your imagination or if it's real (M45).

The impact of shame I think it does erodes your sense of self (M29).

Positive effects of Shame

There were some positive aspects of shame. Greg said it was useful in teaching children acceptable behaviour. Mary felt that her sense of shame fuelled her need to be in control and fully prepared as well as to seek and defend the truth. Both Mary and Greg felt it contributed to work on Forgiveness.

Yes feeling in control definitely helps and I mean if I am the facilitator for something I can be in control of that and I have planned for it and that really helps me (M59).

In work somebody gave some bad feedback about me which turned out actually not to be true and I have proved that it wasn't true but it was important for me to prove that it wasn't true because I felt ashamed about it (M26).

If I couldn't have sorted it out if I couldn't have proved it if I couldn't have said this is factually wrong then I don't know what would have happened (M28).

What was interesting for me was forgiving me and forgiving what I saw as my role in what happened (M48).

Forgiving the person who has maybe inadvertently shamed me (G33).

All 4 of the participants felt that dealing with their personal shame had had a big impact on them choosing a career in counselling.

It has shaped me as part of my becoming a counsellor and therapist (G49a).

So in some ways you could say it was a good thing (Laughs). It all becomes who you become at the end of the day is based upon what you experience of life. The wounded healer, the wounded healer (C113).

I've been on some training and I thought I can do much better than that (M63).

That group therapy was kind of how I kind of came to my theoretical view point now that you've got to see what people are and from then on when I started training (T81).

However one participant felt that if he had not been shamed for trying to play the piano as a child his career may have taken a different, creative path.

Because the piano for me is such a lovely instrument, I'd love, I'd say to anyone who can play the piano I'd love to do what you do I wouldn't work in an office. I wouldn't work in a school. I would just do that for my whole life coz I think that would be great (T31).

4.5 Shame and Therapy

The next part describes the counsellors' experience of working with people who came with issues around shame.

Presentation of Shame in Therapy

Greg thought that feeling shame was a precondition to counselling and usually comes in connection to something else.

Sometimes when people come for therapy, as you know, it's the last resort, so there's lots of shame (G101).

I think everyone who comes for counselling has some evidence of shame (G78).

Yes Shame in the shadows of that (T152).

Shame always comes, in my understanding, with something else (G10).

All 4 participants made comments on whether they worked with shame implicitly or explicitly.

Try to highlight the way they are with me is different from the way they are talking about (T109).

I don't know if there is lots of value in saying well its shame you are feeling. If people use terms like I'm ashamed or I am really embarrassed or I feel really bad about myself those are the signs that's the language of shame (G54).

I think I have great understanding of it. I can spot it immediately and I try not to, I try separating it from my own experience very much. I think I can do that reasonably well (C52).

I think I would probably always try and make it explicit now. Probably in the past before, when I was less experienced, I probably didn't but I suppose I believe now that if it's made explicit and it's talked about that then I think you can feel less shamed (M71).

Greg talked of working safely with shame by using it as part of the therapeutic process while others talked of being careful not to re-shame the client.

I'm less concerned about being shamed. I don't enjoy it but if I can be more open to it then I may be maybe modelling something, not deliberately, but if I'm allowing my potential for shaming here then I think I am making it a safe place. Not safe away from any potential shaming but safe in that more parts of the client can come here including their shame. You know coz if I don't know my shame I am less likely to recognise it in them (G76).

If someone does look away I don't challenge that they look at me coz I know that's how they are managing their shame (G80.)

If it happens that I shame my client inadvertently as long as I notice it, my client tells me it is valuable. It is more valuable than if it doesn't happen (G67).

It's like well take it slow coz they can re-shame themselves or re-traumatize themselves (M74).

You know wait for them to feel ready to say it. I think I am very careful very careful because I don't want them to feel shameful with me by telling me (C101).

Strategies for Overcoming the Negative Effects of Shame

The Strategies are separated into three subthemes embodied responses, attitude adopted by the counsellor and therapeutic strategies.

Embodied Responses

The participants felt that in working with shame sometimes a non-verbal approach is needed focusing more on presence, grounding, self- soothing and connection with the client.

The shame that he felt for what had happened to him was so palpable (T94).

I think what is best is working at a non-verbal level (G61),

So I can do things like breathing (G31).

It's self-supportive (G90).

If I see someone struggling feeling bad about it I work to try to keep myself present to them (G57).

To be soothing and to gently talk as though you are, like in the background (G62).

Through coming back to the here and now and out of my head because I think shame can, what I certainly used to do was process it up here(points to his head), which just doesn't help (G35).

I find touch, self-touch soothing (G92).

I can find some way of grounding myself (G34).

I want to be as supportive as I can. If there is no connection then there is no therapy. If a person wants to withdraw I want to make that valid option and then just make it clear that I'm available I'm still here and I'm not going anywhere (G59),

Well recognising and supporting it and from what I have read the antidote to shame is connection (G56).

You offer connection to something that is not usually connected with (G68).

It is through that connection to the real self that drives the change (T113).

You know and just be with that rather than anything else not say too much or interpreting or any of that kind of stuff but just be, be with them and be a witness (M78).

So I will probably say things like where do they feel their shame? Where in their body? I do kind of embodied kind of thing. How do they feel telling me (M64).

I work with it is underneath and is often a stumbling block to people to expose it (C84).

Therapist Attitude

The participants thought that showing certain attitudes help the client to feel safe to uncover their shame. The attitudes include welcome, tolerance, forgiveness, expectation, compassion and sensitivity.

And that's rare so unless the room is somewhere where shame is welcome and can happen erm so if the situation is like sanitised so no shaming can happen there is not going to be that opportunity (G69).

If the shame is too strong the best thing is to just get out (coughs) and then process it afterwards (G29).

That I can tolerate not being liked is quite huge in relation to shame (G38).

I don't have a demand that a person has to sit and make contact (G63).

I suppose a huge understanding of people who present with I really do believe I have got a lot of compassion for people (C69).

I don't believe ever we ever deal totally with our baggage. With our skeletons I don't think it ever goes it's too implanted but having said that it certainly makes you more sensitive and more perceptive to other people for me (C111).

Therapeutic Strategies

Some of the strategies the participants used in working with shame are acknowledging, reframing, normalising and working gently and slowly.

I can reframe the situation er by looking, taking other perspectives (G32).

Sometimes I think it's important to normalise stuff (M70).

It's easier not to push yourself forward then you don't run the risk but then if you try to avoid running the risk then you would never do anything (M56).

They can work on how it is impacting them (M75).

That he is better having that lifted it changed him. The world didn't end. He's ok he's culpable but he's not going to be chained by that and he's not condemned to repeat it (T132).

In admitting it changes (T131).

I guess the flip side to shame is hope in life and for me if you've got that desire like the potatoes growing towards the light to be to grow to live authentically that's what overcomes shame. Often I feel very tender towards

them, aware that I want to be very gentle with them erm very empathic and I think sometimes it is good to just go back to the Core Conditions (M77).

Potential for Shaming in Counselling, Training and Supervision

Greg commented on the potential for shaming in counselling, training and supervision.

You have to present your work and get feedback on it and it's shaming. You have to have my recording listened to by a group of people and analysed is so private and personal and for people to comment on it oh there is a lot of shame in training and supervision (G49b).

For Tom freedom from shame is encapsulated in song lyrics.

There is a song by Bruce Springstein. It is from "Born to Run" and he says everyone is going to walk in the sun and you can sense it on the recording that everyone is into this I want to be kind of I don't want this shame I want to be walking in the sun. Yes (T143).

4.6 Heuristic Reflection

During this process I felt privileged that the participants had been so open in their interviews. While writing the transcripts, of both the pilot study and the main study, I kept a second file where I wrote the impact of the transcribing process on me (Appendix 9, Appendix 10). One unexpected outcome of the pilot study was some interviewee distress caused by grammatical inaccuracy in the transcript. In reading back her own words she felt she had not articulated clearly. This taught me that I had to take immense care writing up the transcripts of the interviews. The main impact this had on me was feeling inadequate in my interview technique and in my ability to transcribe accurately. This ensured that I recognised my responsibility to be accurate in the participant's interviews but also raised feelings of shame that I could inadvertently fail to do this.

During the transcribing of the interviews, I noticed a number of cues I missed during the interviews. Some of the issues brought up by the interviewees also resonated with my own issues connected to shame. It was during this process that I began to notice my own negative self-talk. This led me to reading more literature on working with shame.

I thoroughly enjoyed the analysis process but did not want to omit or misrepresent a single point the participants had raised. This pressure also highlighted my negative self- talk and resistance to proceeding.

5 Discussion

The aim of this discussion is to draw together the main themes from the findings, the literature review and my own heuristic experience to reach a new understanding of Shame and how it impacts on the therapeutic relationship.

5.1 The Understanding of Shame

Mild	Debilitating
Embarrassment.....	Shame

In the findings shame was seen by Greg as a continuum from mild embarrassment to debilitating shame. In my literature review, I did not find a direct reference to a continuum of shame but such a continuum would describe how most human beings feel different levels of shame in different situations. Tom described shame as “*pervasive*” while Carol saw shame as causing intense fear in social situations. Mary viewed debilitating shame and everyday shame as two different types of shame. Debilitating shame she saw as caused by significant abuse which permanently psychologically damaged the victim. In the literature debilitating shame was referred to as globalised shame (Brown, 2008) which is seen as inhibiting normal functioning. The literature does suggest that some individuals have been so traumatised that they function from a globalised shame position (Van Vilet, 2008). I think that we are all capable of being somewhere on this continuum from different experiences in our lives and that our position in most cases is fluid. However, people with globalised shame approach their everyday experiences from the fixed shame perspective which can cause them to feel “*Separate from the world and separate from themselves*” (Greg).

5.2 Physiology and Shame

The participants and the literature confirmed that there is a physiological reaction to experiencing shame with specific characteristics which show in body language and shame was felt across all cultures (Darwin, 1899). The ability to feel shame is part of the limbic system. Literature suggests that our capacity to feel shame is innate (Tompkins, 1993) and that during a shame reaction chemicals are released in the body (Platt & Freyd, 2015). Excess of such chemicals can lead to physical, mental or emotional illness (Brown, 2008). Some researchers believe that memories of unresolved trauma are stored in the body tissues as body memories (Rothschild, 2000). Miller (2005) found that in a child every unprocessed negative experience is stored as trauma in the body. While writing this dissertation I experienced some of the shame reactions when I felt my writing was not up to standard. In particular I felt confusion, resistance to doing the work, and negative self-talk. All of these resulted in making little progress for long periods of time (Appendix 9, 10).

5.3 Socially Constructed Aspects of Shame

As part of my heuristic process I wanted to understand how and when this ability to perceive a particular event as shameful, is developed. Erikson (2015) placed the ability to feel shame as a developmental task in toddlers. However, Josselson (1996) found that what we feel shameful about is taught from the earliest stages of infancy in eye to eye validation. This is the use and withdrawal of parental eye contact with a young child as a way of acknowledging acceptable or unacceptable behaviour. This confirms that the use of shame is central to our socialisation process. When a child receives appropriate parental eye contact s/he feels validated. Used appropriately the child develops healthy behavioural boundaries. Too little eye contact can lead to feelings of rejection or annihilation and too much eye to eye contact can leave a child

feeling transparent. This linked with Mary commenting that she felt too visible. Gradually the way the parents then wider family, then social groups react to the child's behaviour teaches the child when his/her behaviour is good enough or less than good enough. This less than good enough feeling invokes the innate shame reaction. Reading this felt profound to me as it answered my fundamental question of what process teaches us what is shameful in our family and culture.

The participants all described eloquently their personal experiences of shame including many examples such as neglect, emotional abuse, sexual abuse, bullying, self-harm, marital conflict and slights within a relationship. Carol talked of the "*tyranny of the past*". Two of the participants grew up feeling intrinsically bad, that there was something inherently wrong about them. The literature supported the view that without connection a child can feel an inherent sense of badness (Hann, 2000). Both Carol's personal experience and the literature vividly described the defensive wall built in order to protect from further harm (Bradshaw, 1995). Too much shaming causes the body's defence system to build up an almost impenetrable protection which hides the real self from further shaming but also separates the real person from connection to others and him/herself (Mollon, 2002). Mouque (2008) vividly described how in her own childhood her real- self was locked away. Her description resonated deeply with me as I reflected on my own childhood and brought to mind clients whose experiences had caused them to feel damaged. I was filled with feelings of compassion for them.

In her interview Mary had described how, as a result of sexual abuse and public humiliation, she had felt like "*damaged goods*". The literature confirmed that people who have been neglected or abused can be seen as damaged goods by society and this adds to their feeling of shame (Sandford, 1991). Consequently abuse victims

blame themselves causing, confusion, guilt and more shame (Ainscough & Toon, 1996). This can result in a “less than” others attitude to life in some individuals resulting in reduced capacity to make connections and is called globalised shame in the literature (Brown, 2008).

Where families operate in a way that makes everyday activities a source of shame this can have a detrimental effect on a child’s ability to function healthily. This is illustrated by three of the participants commenting on their families. Tom talked of the way he was made fun of for bedwetting as a young child. The ridicule caused him to feel intense shame at his parents’ reactions. Greg talked of his family continually arguing and that this made him very withdrawn as a child to escape from the arguing. He felt ashamed of the way his family interacted. Carol described her whole childhood as being full of shame. The literature also talks of toxic parenting (Forward, 2002), shame and self-esteem (Jacoby, 2003), and the effects on adult attachment of childhood shame leading to globalised shame, depression and loneliness (Meifen, Shaffer, Young & Zakilik, 2005). It is clear from the participants and the literature that, an environment, where shaming is inappropriately used or a child feels shame from the dysfunction in the family, is detrimental to healthy child development.

However, Greg thought that if appropriately used shame is a useful tool in parenting. It can be argued that in this way children learn to understand the way society operates and are better able to cope in society. Alternatively Mary felt there was no appropriate place for shaming in society. Having read the literature and listened to the participants my conclusion is that appropriate parenting may use shame by eye contact as a way of teaching children the rules and boundaries of acceptable behaviour, alongside teaching life guiding ideals, self-regulating and self-soothing (Kahn, 2001) so that a child learns to successfully navigate through life. However

where this is not done effectively shame can be damaging across and down the generations.

The idea of shame being passed down the generations led me to read literature on the roots of Western Christian society and found that in the Bible book of Genesis (Jones, 1968) the central theme of the story of Adam and Eve is the shame they felt at disobeying God's rule and eating the fruit and that Eve had tempted Adam which indicates different roles and responsibilities for men and women in society. Western Culture is, therefore, a shame based culture. Anyone who does not keep societies rules is subjected to shame and public humiliation. However some would argue argued that modern society is in fact shameless as a reaction against the effects of the past (Lasch,1992). Alternatively the story of Jesus can be seen as transforming shame (McNish, 2008).

The roles played by Adam and Eve in the story led me to researching shame and gender. The literature showed that men and women are equally affected by shame but gender expectations fuel what we feel shameful about (Brown, 2013). Women's conformity expectations (Sanchez-Lopez, Flores, Dresch & Apacio Garcia, 2009) and men's conformity expectations(Brown, 2013) were found by researchers to be different and to be a source of shame for some people. This was illustrated by Tom recalling being bullied at school and not fighting back causing him intense shame, Carol feeling sneered at and humiliated for being forced to wear clothes too old for her age. Mary had also felt humiliation by people watching as she was sexually abused. I was affected by the way recollecting these incidents still impacted on the way the participants viewed life. Mary talked of feeling the same humiliation recently when verbally attacked and how it had connected to that shame and made her feel

too visible in the group. This led me to considering how the impact of shame affects personal functioning.

Nathanson(1993) was the link between innate and socially constructed aspects of shame. He found that Tomkin's (as cited in Nathanson, 1993) innate affects, such as the innate ability to feel shame, over time become hardwired to what has happened to us (personal history), and how we perceive our experiences(personal scripts). It has also become clear that a shame response triggers our natural defence system to protect ourselves from being further shamed.

5.4 The impact of shame

The participants talked of their habitual reactions to shame such as hyper-vigilance, feeling left out or on the edge of groups (Mary), of not fitting in (Greg), feeling very different and wanting to please people (Carol) and not worthy of being seen (Tom). It is clear that all four participants had developed habitual ways of reacting to shame. Research by Brown (2008) named habitual was of responding to shame, shame scripts. Over time, where issues are not resolved they may become compass of shame scripts (Hartling, Rosen, Walker & Jordan, 2004) which are four internalised types of habitual reaction including: avoidance, withdrawal, attacking others or attacking self. In shameful situations, if a person has the capacity to self- regulate their reactions and self- sooth, the situation can be handled appropriately. However, when a person does not have these skills these compass of shame scripts can automatically come into operation to preserve the core self (Mollon, 2002). Shame is among the most powerful of human emotions. At the root of all of shame behaviour is defence against further shame that helps to protect us from shaming events but also prevents authentic connection (Brown, 2008).

I wanted to understand how each of these compass of shame scripts affected people. Avoidance (Horney, 1945) can lead to situations where a person will try to please others even put up with situations such as domestic violence so as not to displease the aggressor. Withdrawal (Nathanson, 1993) can lead to social isolation and depression. Attacking others can lead to violence, particularly in young males (Gilbert, 2010), resulting in a large percentage of the prison population comprising of socially disadvantaged young men (J.S.N.A., 2016). Attacking self can result in negative self-talk (Gilbert, 2010), eating disorders (Wilkinson, 2006), self-harm (Wilkinson & Robson, 2013) and even suicide. Shame has been found to underpin mental illness (Tangney and Fischer, as cited in Gilbert, 1998).

Shame had a huge impact on all of the participants. Mary felt that shame had permanently destroyed part of who she was. Tom felt that shame had caused him to start self-harming and because he could not talk about this it lead to mental health problems. Carol and Mary both felt they were easily shamed. Research shows that some individuals were more prone to feeling the negative effects of shame (Tangney & Dearing, 2003). This is called this shame-proneness. Hartling, Rosen, Walker and Jordan (2004) saw shame as a feeling of unworthiness to be in connection combined with a need for connection. However, the idea that building shame resilience may reduce shame proneness is a key to helping individuals recover from shame (Brown, 2010).

As I read the literature and reflected on the participants' words I began to recognise that my habitual reaction to shame was to feel stuck, confused and withdraw. I also reflected on situations in my life where this had impacted on my choices and, more powerfully, how I can work on building up my resilience (Appendix 8).

5.4.1 Silence

The main reason I called this study “The Sound of Silence” is that shame and not talking about what is shameful work together with the defence system, to avoid further shaming. Children growing up in such an environment learn to be very quiet about their feelings and believe they are the cause of the problem. Carol and Tom talked about a culture of not talking in their families and how it silenced them. Such silence can be inter and cross generational and very confusing for a child growing up in such an environment. This felt very profound to me as I reflected on inter-generational shame in my own family and how certain issues were never openly discussed. It also made me curious to know more about healing shame.

Greg recognised that clients can feel shame in the silences in therapy because we have the expectation that we need to be talking

5.4.2 Negative Self-Talk

I found my own negative self-talk a revelation during this heuristic process as I came to understand how I keep myself stuck in shame. Shame can cause a person to be brutally harsh on self. Mary felt Shame had been the root of her negative self- talk and self- blame. She gives vivid examples of her self- talk and concludes that such talk erodes the sense of self. One of the key factors in such self- berating is it damages a person’s ability to trust themselves which then can cause confusion and an inability to make decisions. Tom talked about clients self-talk *as the internalised shame producing voices of others*.

Research by Gilbert (2010) said that our talk can take two forms: what I think about myself; what I think others think about me. He also talked about the disappointment gap which is the gap between a person’s expectations of self and their perceived

ability to live up to these expectations. Where the disappointment gap is big we are more vulnerable to shame. In writing up this dissertation, because of the heuristic nature of the study, I was keeping a reflective journal. On numerous occasions I felt stuck, unable to write. When I wrote in my journal I realised that it was my negative self-talk that was keeping me stuck. I had to stop reflecting and detach myself from the process to be able to write the dissertation (Appendix 10).

Research has shown that underneath the emotions the self- protection system is trying to protect us from threat. Unfortunately in our world most of the threat is not real but as the autonomic nervous system cannot distinguish between life threatening and socially generated threat, the response can be the same (Platt & Freyd, 2015). Negative self- talk can activate the stress systems and trigger the emotional system in the brain that lead to feeling anxious, angry and depressed. It is not just the thoughts that do the damage it is the accompanying emotions that do damage to us physiologically by causing arousal in the autonomic nervous system (Rothschild & Rand, 2006).

5.4.3 Resistance

Participants noticed that clients are often reluctant to work with shame in therapy. Much of the research confirms this. Luoma, Kohlenburg, Hayes and Fletcher (2013) found that people who have issues with shame often do not complete therapy. Mouque (2008) saw resistance in therapy as a defence, to keep the real- self silent.

In writing this dissertation I found times when I had huge resistance to the process. I could feel stuck for weeks. The resistance was due to my feeling I might not adequately represent the participants or the literature. I found that seeking support from others helped enormously in moving the study forward.

5.4.4 Positive Effects of shame

All of the participants felt that dealing with their personal shame had had a big impact on them both in choosing therapy as a career, in building their own resilience in dealing with shame in their own lives and in their empathy and compassion when working with clients. Mary and Greg both talked of the role of forgiveness in healing the effects of shame. Mary talked of forgiving herself for her part in what had happened to her while Greg talked of forgiving those who had shamed him. This is supported in literature (Gubi, 2015).

5.5 Shame and therapy

5.5.1 Presentation of Shame in Therapy

It is clear from the close connection of shame with mental, physical and emotional ill health as well as violence that understanding and working with shame in therapy can be a route to healing (Neff, 2011).

The literature clearly illustrates that there is a huge potential for shame happening in a therapy session. Within the room there is the therapist's culture, the client's culture, the culture of therapy and the larger culture (Hartling, Rosen, Walker & Jordan, 2004). Within this there are: the therapist's shame script; the client's shame script; and the cultural shame associated with attending for therapy in the first place. Research by Hann (2000) suggests that any disconnection in therapy is a potential rupture in the relationship and thus has the likelihood of causing a shame reaction in the client, the therapist or both. If the client's issues resonate with the therapist's unresolved issues then countertransference, identification and enactments can occur. The therapist may feel inadequate and may collude with the client (Hann,

2000). If the therapist's shame scripts are triggered then this reduces the capacity for empathy (Brown, 2012).

However, if the therapist recognises the shame this becomes an opportunity for growth and greater connection (Jordan, Walker & Hartling, 2004). Greg talked of making shame welcome in the room. If shame inadvertently happens, as it may, gently working with it so that the client knows that all parts of self including shame are welcome in the therapy room.

5.5.2 Strategies for Overcoming the Negative Effects of Shame

The participants felt that everyone who comes for therapy has some evidence of shame which is always somewhere in the shadows of the issues a client brings. Greg talked of the antidote to shame being connection. In shame it is the body's defence system which is protecting the self from further shaming. The therapeutic alliance can be used to make this connection.

Paradoxically the silence, negative self-talk, resistance, forgiveness and damage to trust which are most prominent in shame, can also be used restoratively in therapy. Discussing the silences in therapy Mouque (2008) found that in this silence, the silence of the real self is verified. This silence is part of the self-protection system and can be touched through the silences in therapy. Where the client feels supported in this silence, then shame dissipates (Rothschild, 2010). Gently working with the client's self-talk in therapy with understanding and compassion can transform the voices from negative self-talk to compassionate voices of self-correction (Gilbert, 2010). Recognising resistance as a defensive strategy and gently confronting shame in therapy can be a route to restoring shame to healthy functioning (Pascual-Leone & Greenberg, 2007; Van Vilet, 2008).

The participants and the literature indicated that forgiving self is an important part of the healing process and it can be argued that forgiving others releases us from a situation (Gilbert, 2010; Gubi, 2015; Rothschild, 2000). The quality of the therapeutic alliance can help to heal the damage caused to trust (Mearns and Cooper, 2005). All of the participants felt it was important to work slowly and gently so as not to re-shame the client and to allow the client to feel safe to bring their shame to therapy. Part of my process during this research was listening to my self-talk and recognising my resistance then by getting support from others and being more compassionate towards myself I continued with the research (Appendix 8).

Rothschild and Rand (2006), the participants and myself as researcher all confirm that therapists need to understand the importance of self-care but also need to be grounded in their own understanding of shame and their own shame process. Greg talked of making shame welcome in the room and the therapist monitoring his/her own tolerance of shame. He also saw the importance of knowing his own shame so he could more easily recognise shame in others. The evidence presented here implies that therapists need to have well developed strategies for dealing with their own shame including awareness of their arousal levels and self-regulating strategies such as self-soothing to calm down their autonomic nervous system if arousal is increasing. In this way vicarious traumatisation can be avoided (Rothschild & Rand 2006). However, not all therapists and very few clients have this skill (Kohut, as cited in Perosa, 1996). When dealing with clients who have suffered trauma it is important to develop these strategies in the client before even attempting to work on the trauma (Rothschild, 2000).

All of the participants felt that through working on their own shame they had become more empathic as therapists. They gave rich examples of how they worked with

shame to get a positive therapeutic outcome. Most worked implicitly with shame and they all said they were aware of when shame was present in the room with clients. However Mary said she would work explicitly as she believed that naming the shame can help someone feel less shamed.

The participants went into detail about how they worked including making themselves present to the clients by grounding themselves and developing an embodied approach to the work by using body language and breathing to slow down the pace to allow the client time to manage their shame.

Mary felt that by being a witness, to a client's shame story and offering support, it is no longer hidden and can begin to become less shameful. She was also very aware of watching clients' arousal levels and helping them to ground themselves to avoid dissociation. All of the participants said that not pushing, gentleness and support were keys to building connection. Greg felt that without connection there is no therapy so the main activity in therapy is making connection. Tom felt that it is through connection to the real self that change happens. This felt profound to me when I interviewed Greg. This view is supported by Neff (2011) who sees connection as the way to work with shame.

Some of the methods the participants used in working with shame are reframing, normalising and working gently and slowly and compassionately. Mary talked about going with the adult in Transactional Analysis as a way of coping with shame feelings. She also found that deliberately coming forward rather than withdrawing helped. Working in the present and looking at how shame impacts the client now. They all felt confident that by a client daring to share their shame experiences and being heard and acknowledged they were no longer condemned to repeat the patterns.

Van Vilet (2008) found that connecting, refocusing, accepting, resisting and understanding can move a person from globalised shame to healthy shame. In this way a client can begin to build shame resilience (Brown, 2010). Rothschild (2003) in her three stage model for dealing with trauma and would not attempt to work with the traumatic memories until the client had developed body awareness, anchors and self-soothing strategies. Working with negative- self talk can be another approach to working with underlying shame. Gilbert (2010) talks of working on changing shame based self-attacking and transforming it to compassionate self- correction. Forgiving self for either the shameful act or for being the victim is also an important part of the recovery process (Gubi, 2015; Rothschild, 2010).

As I thought about the process I realised that courage (Hewitt, 2014), in both therapist and client, is a necessary component if any work on shame is to be successful. Courage to allow a space, where it is safe for the client and the therapist to take the risk; to work at relational depth; to confront and to acknowledge issues of shame (Mearns & Cooper, 2005). Even more importantly courage to bring shame issues to therapy in the first place.

5.6 Conclusion

At the end of this discussion I feel that I have made sense of shame for me. Shame gives us rules and boundaries. It is an early warning system when we perceive we are being attacked. It is a healthy part of being human. However, the shame reaction can be continually aroused if we have globalised shame. This can be helped in therapy by offering support, connection, compassion, acceptance and a safe therapeutic environment.

Shame is a consideration in every therapeutic transaction. None of the participants or myself as researcher had received any explicit training on shame in the initial counsellor training. Therefore, I conclude that there are implications for counsellor training programmes including work on understanding shame, shame processes and the working of the autonomic nervous system, self-regulation and self-soothing strategies.

5 Creative Synthesis

Throughout this study I reflected on my Heuristic Process (Appendix 10). I called this study the Sound of Silence (Simon & Garfunkel, Appendix 11) as this song encapsulates the pervasiveness of shame. At the beginning of the study I wrote a poem and another at the end of the study encapsulating my thoughts on shame (Appendix 10).

Within the study the song “Down, Down, Down (Tom Waits, Appendix 11) was seen by one of the participants to encapsulate his feeling of shame and the song “Born to Run” (Bruce Springsteen, Appendix 11) represented freedom from shame.

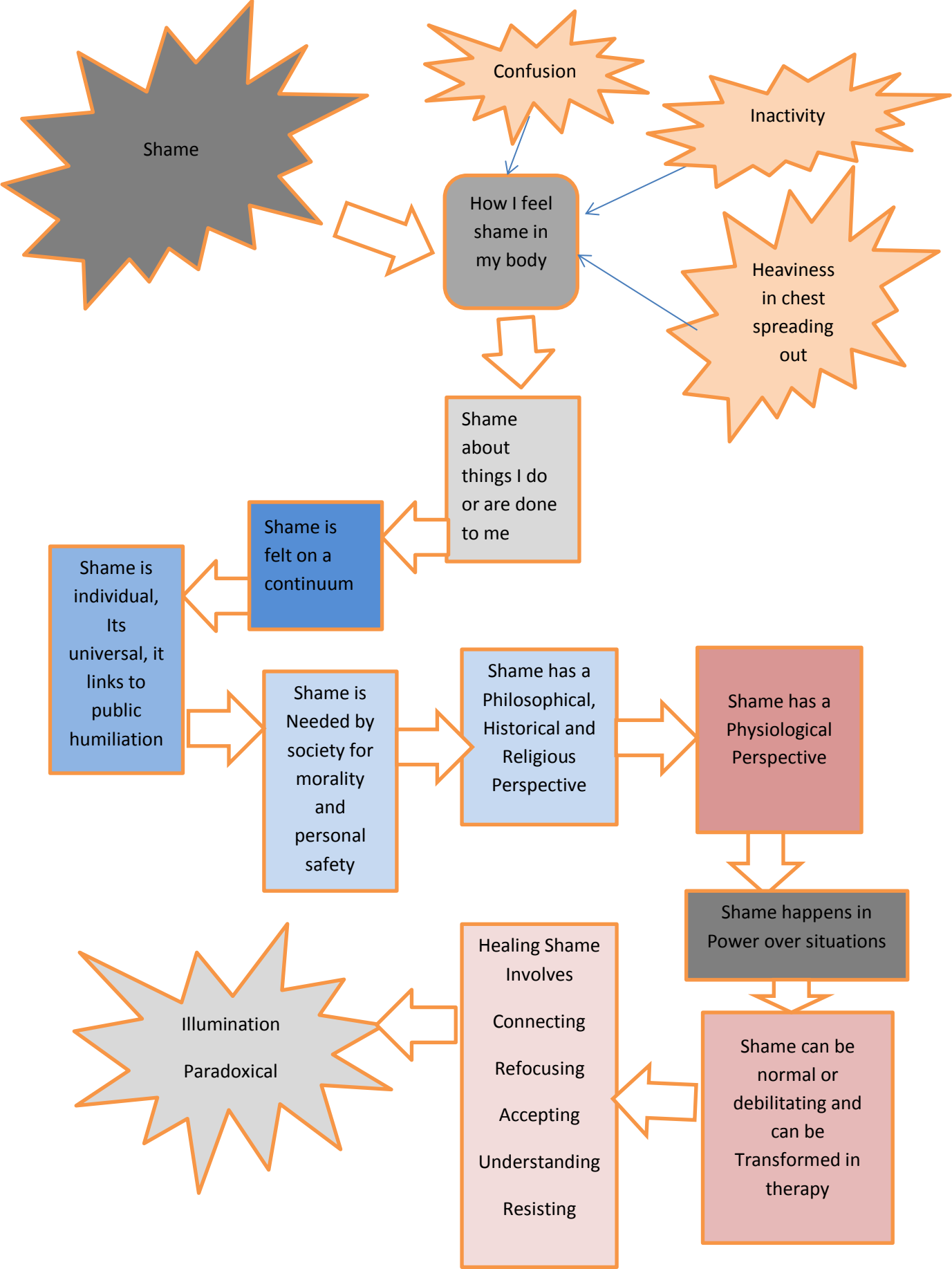
My creative synthesis was seeing shame as represented by a single instrument which is out of tune. Individually globalised shame causes a person to be out of tune with self, unable to be in harmony. Healing shame involves learning to play in tune and creating harmony. This can apply to a person or a whole society.

Another participant saw shame as a “*crack in a person* “. This led me to another song that symbolises healing shame. “*There is a crack in everything that’s how the light gets in*” (Leonard Cohen Anthem, Appendix 11).

So my creative synthesis is an orchestra playing in harmony.

Visually my creative synthesis was a snake shape which contained all of my main insight during the research. I called this my path of illumination.

Figure 5 Path of Illumination



7 Conclusion

At the beginning of this process I asked two research questions on the lived experience of shame and the impact of shame on therapeutic contact.

7.1 What is the Lived Experience of Shame?

Shame is a self-conscious emotion which is relational in nature. This can be intra-personally or inter-personally. A shame reaction can be evoked by any situation in which a person feels “less than” another or others, or less than an ideal. Shame can be caused by feelings of personal inadequacy from childhood introjects or by humiliation from others. I found that human beings have an innate ability to feel shame. Both men and women experience shame but what they perceive as shameful and how they react to shame can be gender specific and culturally defined. This study found evidence that the rules of what is perceived as shameful may be learnt through the use of parental eye contact or lack of it in early childhood. Shame can be felt for a personal action which breaks society’s expected values or can be felt for an action done by others such as being the victim of abuse.

My experience as researcher, the data from the participants and literature review all concur that the lived experience of shame is it makes a person feel disconnected from others. What is shameful is hidden, not spoken about, and at the same time can causes debilitating negative self-talk. Where a person is continually shamed its impact can be global, affecting the whole outlook on life. Defence against further shaming can also be powerful and can result in the real self being hidden from the world. My personal lived experience came out during the process of doing this research. When I came to write the dissertation I experienced both strong resistance to writing and severe negative self-talk combined with feelings that what I wrote was

not good enough. I had to detach from the heuristic process before I could write my final draft. Shame can also be the source of resistance in therapy.

If a person has had a positive role model in childhood s/he will learn to self-soothe and self-regulate emotions. However when a person has not learnt these skills shame can have a huge impact on personal functioning. A habitual way of reacting to shame, a compass of shame script, can develop, that can automatically be enacted when shame is experienced. This can be debilitating and can result in disconnection from others. The shame script can lead to attacking others, attacking self, avoidance or withdrawal. Where a person has experienced trauma or abuse there is usually shame attached to the trauma. There is usually also a feeling of self-blame for being the victim. This study found evidence of a strong link between shame and mental, physical and emotional illness or violent behaviour. For me This project was also a therapeutic process as I am now more grounded in my understanding of my own shame process, have developed strategies for supporting myself when I feel shame and have developed a degree of self-acceptance, self-compassion and shame resilience. I now believe this is the essence of effective self-care.

7.2 What Impact does a Counsellor's Understanding and Experience of the Nature of Shame have on Therapeutic Contact?

I hope that this work will have some impact on counsellors' understanding of how shame works and that it will be useful both in enhancing therapeutic practice and in training therapists. There is also evidence that connection and compassion in the therapeutic relationship can be a starting point for overcoming the debilitating effects of shame and building shame resilience. I think this study has several insights for the counselling profession.

- As shame is relational there is the potential for shame being triggered in any therapeutic transaction. This implies that all trainee therapists should be made aware of how shame works.
- Self-care is a B.A.C.P. requirement for all members of that professional organisation. As a result of this study I suggest that awareness of self-soothing strategies, arousal in the autonomic nervous system and emotional self-regulation strategies should also be taught to all trainee therapists, to ensure emotional resilience and safeguard against vicarious traumatisation.
- There is also an argument for a psycho-educational aspect to counselling in helping clients to learn self-regulation and self-soothing,
- One of the strongest points that has come out is the powerful effect of negative self-talk in a whole range of conditions and this can be a vehicle in therapy to help a client move towards a more compassionate approach to self.
- The notion of building connection and shame resilience is also a useful tool for therapists working with people who have globalised shame.
- Another issue for therapists is the potential shame in silences in therapy linking to the client's shame and how this can be used to bring the shame out of hiding and into the room, so that it can be worked through empathically.
- Resistance in therapy has also been linked to shame and can be viewed as the defence against further shame. Gently working with the resistance in therapy can be another approach to working with shame.

7.3 Limitations

This was a small scale study using myself and four counsellors.

- In such a small size sample the findings conveyed the individual experience of the participants so findings are not generalizable. Such a small sample may not even represent other counsellors.
- Counsellors were used for this study, because their training and personal awareness would minimise the risk of harm inherent in discussing the topic of shame. However, their understanding of shame could be very different from that of people taken randomly from the general population.
- How people experience shame may have affected what they chose to disclose.
- In any study, especially qualitative, the researcher's perception may cause bias in the findings. However using participants experience in the analysis does minimise bias.
- In any semi- structured interview the quality of the data is dependent on the quality of the questions and the quality of the interview technique. I was fully aware of this limitation throughout the process and hope the questions elicited a fair representation of the counsellors' experience and understanding of shame.

7.4 Future Research

At the conclusion of this study it is the impact of traumatic shame on the person that has captured my interest. Further research would be useful on the following topics:

- How shame can be used as a means of oppression in society.

- The relationship between shame, blocked trauma and mental, physical and emotional illness.
- Overcoming shame and trauma recovery
- The study of shame as part of therapist training courses
- Eye to eye validation and shame
- How shame is used by different cultures
- Writing a dissertation and the shame process
- Shame and different religious or philosophical perspectives
- How shame is worked with in different therapeutic paradigms

7.5 Conclusion

Offering all members of society equality, support, connection and education in understanding their own autonomic arousal levels rather than judgement and humiliation of some could reduce the impact of shame on all, especially those who have lived in shame through no fault of their own.

This study has been both fascinating to research and difficult to complete due to the nature of heuristic study, the subject matter and its interplay with my own shame process. I had to detach from the heuristic reflection to write up the dissertation in the hope that it meets the criteria of “Good Enough”.

References

- Ainscough, C. & Toon, K. (1996). *Breaking Free*. Guildford and Kings Lynn, England: Biddles Ltd.
- Andrews, M. & Squire, C. (2013). *Doing Narrative Research*. (2nded.). London, United Kingdom: Sage.
- B.A.C.P. *Ethical Framework*. (2013). Leicester, England: B.A.C.P.
- B.A.C.P. *Ethical Framework* . (2015). Leicester, England: B.A.C.P.
- Bond, T. (2004). *Ethical guidelines for Researching in Counselling and Psychotherapy*. Oxen, U.K.: B.A.C.P.
- Bradshaw, J. (1995). *Homecoming*. London, England: Judy Piatkus.
- Braun, V. & Clark, V. (2006). Introduction to Thematic Analysis, Using Thematic Analysis in Psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Brown, B. (2008). *I thought it was just me*. New York, NY, U.S.A.: Penguin.
- Brown B. (2010). *The Gifts of Imperfection*, Centre City, MN, U.S.A.: Hazeldon.
- Brown B, (2013), *Daring Greatly*. St Ives, England: Penguin Books.
- Brettell, A. (2008). *How to do a Literature Search*. B.A.C.P. Information Sheet R1. Oxen, U.K.: BACP.
- Bower, P. (2010). *Evidence Based Practice*. B.A.C.P. Information Sheets R2. Oxen, U.K.: BACP.
- Chang, H. (2008). *Autoethnography as Method*. Walnut Creek, CA, U.S.A.: Left Coast Press.
- Charmaz, K. (2014). *Constructing Grounded Theory Introducing Qualitative Methods*. (2nd ed.). London, United Kingdom: Sage.
- Chester University, *APA Referencing Guide* (2015). Chester, England: Chester University.
- Chester University, *Conducting Research*. (2013). Chester, England: Chester University.
- Chester *Research Governance Handbook*. (2011). Version 2:1, Chester, England: Chester University.
- Chester *Research Governance Handbook*. (2014). Version 2:8, Chester, England: Chester University.

- Chernus, L.A. (2013). Review of The Therapist in Mourning. In A.J. Adelman & K.L. Malawista, *Faraway Nearby*. American Psychological Association : <http://dx.doi.org/10.1037/a0036509>
- Cohen T.R. & Wolf S.T. (2011), Introducing the GASP Scale: A New Measure of Guilt and Shame Proneness. *Journal of Personality and Social Psychology*.100(5) ,947-966.
- Courtous, (2005), Adult Attachment, Shame, Depression, and Loneliness: The Mediation Role of Basic Psychological Needs Satisfaction. In W. Meifen, P.A. Shaffer, S.K. Young, & R.A. Zakalik, *Journal of Counselling Psychology*, 52(4) p591-601, The American Psychological Association. DOI: 10.1037/0022-0167.52.4.591
- Crowe E. & Higgins T. (1997). Regulatory Focus and Strategic Inclinations: Promotion and Prevention in Decision Making. *Organisational Behaviour and Human Decision Processes*, 68(2), 117-132.
- Darwin, C. (1899). *The Expression of Emotions in Man and Animals*, New York, NY, U.S.A.: Appleton and Grimes.
- Denscombe, M. (2008). *The Good Research Guide*. (3rd ed.). Maidenhead, United Kingdom: Open University Press.
- Definition of Shame (2015). Retrieved from website: <http://www.dictionary.com/browse/shame>.
- Deonna, J.A., Rodogno, R. & Teroni, F. (2012). *In Defense of Shame*, Oxford, England: Oxford University Press.
- Edelman, S. (1998). *Turning the Gorgon*, Woodstock, CT, U.S.A.: Spring Publications Inc.
- Elliot, M. S. & Williams, D. (2001). Paradoxes of Qualitative Research. *Counselling and Psychology Research*. 1(3), 181-183.
- Etherington, K. (Ed.). (2003). *Trauma, the Body and Transformation*, London, England: Jessica Kingsley.
- Etherington, K. (2004), *Becoming a Reflexive Researcher*, London, England: Jessica Kingsley.
- Erikson, E. H. (2015). Retrieved from Learning Theories website: www.Learningtheories.com
- Erikson, E.. H. (1950). *Childhood and Society*, New York, NY, U.S.A.: Norton.
- Forward, S. (2002). *Toxic Parents*. New York, NY, USA: Bantam Books.

- Frank (1992). In C Lasch, *For Shame---Shame and Pride: Affect, Sex , and the Birth of*, *New Republic* , 207(7), 29.
- Gendlin, E. G. (2003). *Focusing*. Reading, United Kingdom: CPI Cox and Wyman.
- Gergen, K. J. (2008). *An Invitation to Social Construction*. (2nd ed.). London, United Kingdom: Sage
- Gilbert, P. (1998). What is Shame? Some Core issues and Controversies , In P. Gilbert & B. Andrews. *Shame – Interpersonal Behaviour, Psychology and Culture*, pp3-5. Oxford, England: Oxford University Press.
- Gilbert, P. (2010). *The Compassionate Mind*, London, England: Constable.
- Gilbert, P. & Andrews, B. (1998). *Shame – Interpersonal Behaviour, Psychology and Culture*. Oxford, England: Oxford University Press.
- Gilbert, P. & Irons, C. (2004). A pilot exploration of the use of compassionate images in a group of self-critical people. *Memory*, 12(4), 507-516.
- Gilbert, P & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: overview and pilot study of a group therapy approach . *Clinical Psychology & Psychotherapy* ,13(6), 353–379,
- Gubi, P. (2015). *Spiritual Accompaniment and Counselling*. London, England: Jessica Kingsley publishers.
- Hartling, L. M., Rosen, W. B., Walker, M, & Jordan J. V. (2004). Shame and Humiliation from Isolation to Relational Transformation. in J. V. Jordan, M. Walker & L. M. Hartling, pp103-128 . *Complexity of Connection*. New York, NY, U.S.A: The Guilford Press.
- Hann W.K., (2000). Shame, Countertransference Identifications in Individual Psychotherapy. *Psychotherapy, Theory, Research, Practice and Training*, 37(1), 10-21.
- Hewitt, S.E. (2014). *The unfolding heart: What is the nature of Courage in the therapeutic domain from the dual perspective of counsellors' personal therapy and their clinical practice? A qualitative study evaluated by Interpretative Phenomenological Analysis*. (Unpublished Master's thesis). Chester, United Kingdom: University of Chester: <http://hdl.handle.net/10034/326264>
- Higgins, E. T. (1987). Self-Discrepancy: A Theory regulating self and affect. *Psychological Review*, 94(3), 319-340.
- Hill, C. E., Chui, H., Huang, T., Jackson, J, Lui, J. & Spangler, P.(2011). Hitting the Wall: A case Study of Interpersonal Changes in Psychotherapy. *Counselling*

and Psychotherapy Research 11(1), 34-42.

- Horney, K. (1945). *Our Inner Conflicts. A Constructive Theory of Neurosis*. New York, NY: Norton.
- Jackson, C., (2015). When Therapy Does Harm. *Therapy Today*,26(5), 8-9.
- Jacoby, M,(2003). Translated by D. Witcher. *Shame and the Origins of Self-Esteem: A Jungian Approach*. London, England: Routledge.
- Jones A, (1968). Ed, *Jerusalem Bible*. London, England: Darton, Longman and Todd.
- Jordan, J.V., Walker, M. & Hartling ,L.M. (2004). *Complexity of Connection*. New York, NY, U.S.A.: The Guilford Press.
- Josselson, R. (1996). *The Space Between US*. London, England: Sage Publications.
- Joint Strategic Needs Assessment*. (2016). Retrieved from www.hscic.gov.uk
- Kahn, M, (2001). *Between Therapist and Client*. New York, NY, U.S.A.: Henry Holt and Company.
- Kaufman, J. (2010). *The Shame of Death, Grief and Trauma*. London, England: Routledge.
- Kelley, L. P., Weathers, F. W., Mason, E. A., & Pruneau, G. M. (2012). Association of life threat and betrayal with posttraumatic stress disorder symptom severity. *Journal of Traumatic Stress*, 25, 408–415. <http://dx.doi.org/10.1002/jts.21727>
- Kohut (1996) in L, Perosa, Relations between Minuchin's structural family models and Kohut's self-psychology. *Journal of Counselling and Development*: 385
- Kushner, M. G. & Sher, K. J. (1991). Fear of Psychological Treatment and Its Relation to Mental Health Service Avoidance. *Professional Psychology: Research and Practice*, 20(4)
- Lasch, C. (1992), For Shame---Shame and Pride: Affect, Sex , and the Birth of . *New Republic*, 207(7).
- Learning Theories*(2015). Retrieved at <http://www.learning-theories.com/eriksonsstages>.
- Lee, R. G., Wheeler, G. (Eds.). (2003). *The Voice of Shame*, Gestalt Press, Hillside, England: the Analytic Press.
- Livingston, R.H. & Faber, B.A.(1996). Beginning Therapists Responses to Client Shame, *American Psychological Association* 33(4), 601-610.
- Luoma, J. B., Kohlenburg, B. S., Hayes, S. C. & Fletcher, L. (2013), Slow and Steady wins the race: A randomized clinical trial of acceptance and

- commitment therapy targeting shame in substance use disorders. *Journal of Counselling Psychology*, 80(1), 43-53.
- McMinn B. (2010). Website: www.brianmcminn.co.uk
- McNish, J. (2008). *Shame's Revelatory and Transformative Potential, and Its Use and Misuse by the Church's Pastoral Ministry*, *American Journal of Pastoral Counselling*. 6(2), 3-22.
- Mearns, D. & Cooper, M. (2005), *Working at Relational Depth in Counselling and Psychotherapy*. London, England: Sage.
- Maykut, P. & Moorhouse, R. (1994). *Beginning qualitative Research*. London, U.K.: Falmer Press.
- McLeod, J. (2011). *Qualitative Research in Counselling and Psychotherapy*. (2nd ed.). London, United Kingdom: Sage.
- McNiff, J. (2013). *Action Research: Principles and Practice, Significance of Subject Matter*. (3rd ed.). Oxon, United Kingdom: Routledge.
- Meifen, W., Shaffer, P.A., Young, S. K. & Zakalik, R. A. (2005). Adult Attachment, Shame, Depression, and Loneliness: The Mediation Role of Basic Psychological Needs Satisfaction. *Journal of Counselling Psychology*, 52(4), 591-601.
- Mereish, E .H. & Poteat, P. (2015). A Relational Model of Sexual Minority Mental and Physical Health: The Negative Effects of Shame on Relationships, Loneliness and Health, *Journal of Counselling Psychology*. Advance online publication. <http://dx.doi.org/10.1037/cou0000088>
- Miller, A. (2005). *The Body never Lies*, London, U.K.: W. W. Norton and Company Limited.
- Miller, A. (2009). *From Rage to Courage*. New York, U.S.A.: WWW Norton and Company.
- Minuchin, (1996). in L. Perosa , Relations between Minuchin's structural family models and Kohut's self-psychology. *Journal of Counselling and Development*, 385.
- Mintz, R. (2010) *Introduction to qualitative Research*. B.A.C.P. Information Sheet R14. Oxen, U.K.: BACP.
- Mollon, P. (2002). *Shame and Jealousy The Hidden Turmoils*. London, U.K.: Karnac.
- Mouque, T. (2008). What is the Meaning of my Resistance to Psychotherapy, *Psychodynamic Practice*, University of Greenwich. Published online 29/8/2008 <http://www.tandfonline.com/loi/rpc020>

- Morrison, A. P. & Hillside, N. J. (1989). *Shame the Underside of Narcissism*. Hillside, England: Analytic Press.
- Moustakas, C. (1990). *Heuristic Research : Design, Methodology, and Applications*. London. U.K.: Sage
- Moustakas, C. (1994). *Phenomenological Research Methods*. London, United Kingdom: Sage.
- Nathanson, D.L. (1993). About Emotion, *Psychiatric Annals* 23(10), 543-555
- Neff, K. (2011). *Self- Compassion*. London, U.K.: Hodder and Stoughton.
- Nergaard, M. & Silberchatz, G. (1989). The Effects of shame, Guilt and the Negative Reaction in Brief Dynamic Psychotherapy. *Psychotherapy: Theory, Research, Practice and Training*. 27(3), 327-339.
- Oxford Advanced Learners Dictionary . (2015). www.oxfordlearnersdictionaries.com.
- Palmer, S.& Neenan, M. (2010) Problem Focused Counselling and Psychotherapy. in S. Palmer & R. Woolfe (2010). *Integrative and Eclectic Counselling and Psychotherapy*, (pp181-201). London, U.K: Sage.
- Palys, T. (2008). Purposive sampling. In L. M. Given (Ed.) *The Sage Encyclopedia of Qualitative Research Methods*. .2. (pp 697-698).. Los Angeles, CA, U.S.A.: Sage.
- Parks, P. (2004). *Rescuing the Inner Child* , Ebbw Vale, U.K.: Creative Print and design group:
- Pascal-Leone, A. & Greenberg, L. S. (2007). Emotional Processing in Experiential Therapy. Why the only way out is through, *Journal of Consulting and Clinical Psychology*, 75(6), 875-887
- Patten, M. B. (1990). *Qualitative evaluation of Research Methods*. California, U.S.A.: Sage.
- Perren, S. (2010). *How to Write a Research Proposal*. B.A.C.P. Information Sheet R9. Oxen, U.K.: BACP.
- Perosa, L, (1996). Relations between Minuchin's structural family models and Kohut's self-Psychology. *Journal of Counselling and Development*. 385
- Platt, M. G. & Freyd, J. J. (2015). Betray my Trust, Shame on me: Shame, Dissociation, Fear, and Betrayal Trauma. *Psychological Trauma, Theory, Research, Practice and Policy*. <http://dx.doi.org/10.1037/tra0000022>

- Polanyi, M. (2009). *The Tacit Dimension*. Chicago, IL, U.S.A.: University of Chicago Press
- Perlick et al (2013). In J. B. Luoma , B. S. Kohlenberg , S. C. Hayes & L. Fletcher. Slow and Steady wins the race: A randomized clinical trial of acceptance and commitment therapy targeting shame in substance use disorders, *Journal of Counselling Psychology*, 80(1), 43-53.
- Reeves, A. (2015). Talk at Chester CHUCC 26/3/2015. Retrieve from <http://andrewreeves.net/>
- Rothschild, B. (2000). *The Body Remembers*. New York, NY, U.S.A: Norton and Co. Ltd.
- Rothschild ,B.(2003).*The Body Remembers Casebook*. New York, NY, U.S.A.: Norton and Co. Ltd.
- Rothschild, B. & Rand, M. (2006). *Help for the Helper*. New York, NY, U.S.A.: Norton and Co. Ltd.
- Rothschild, B. (2010). *8 Keys to Safe trauma Recovery*. New York, NY, U.S.A.: Norton and Co .Ltd.
- Rothschild, B (2011). *Trauma Essentials*. New York, NY, U.S.A.: Norton and Co. Ltd.
- Sanchez-Lopez, M. P., Flores, I. C., Dresch, V.& Aparicio-Garcia, M. (2009). Conformity to Feminine Gender Norms in the Spanish Population, University Complence de Madrid, Spain ,*Social Behaviour and Personality* . 937(9), 1171-1186.
- Sanford, L. (1991). *Strong at the Broken places*. London, U.K.: Virago Press Ltd.
- Saunders, P. & Wilkins, P. (2010) *First Steps in Practitioner Research*. Ross on Wye, United Kingdom: PCCS Books.
- Schanche, E., Stiles, T., McCulloch, L., Svartberg, M.& Nielson G .H. (2011). The Relationship Between Activating affects, Inhibitory Affects and Self Compassion in Patients with cluster C Personality Disorders. *Psychotherapy*. 48(3), 293-303.
- Scraton, P. (2009). *Hillsborough... The Truth. 20th Anniversary Editioin*. London, England: Mainstream Publishing.
- Scraton, P. (2016), *Hillsborough Documentary*. BBC2 8/5/16 9pm. <http://www.bbc.co.uk/programmes/b07bgknk>
- Shah, A. Openheimer, K. Daniel, M. (2008), Heuristics Made Easy. An effort reduction framework. *Psychological Bulletin*, 134(2), 207. ISSN 00332909.
- Silverman, D.(2004). *Qualitative Research: Theory, Method and Practice*. London, U.K: Sage.
- Sirey et al (2013) in J. B. Luoma, B. S. Kohlenberg , S. C. Hayes & L. Fletcher. Slow and Steady wins the race: A randomized clinical trial of acceptance and

- commitment therapy targeting shame in substance use disorders. *Journal of Counselling Psychology*, 80(1), 43-53.
- Smith, J. Flowers, P. & Larkin, M. (2009). *Interpretive Phenomenological Analysis*. London, United Kingdom: Sage.
- Szajnberg, N. M. (1995). Review of Shame and the self by F.J. Broucek. *Psychoanalytic Psychology*. 12(1) , 165-169.
- Tangney, J. P. & Dearing, R. L. (2003). *Shame and guilt*, London, U.K: Guilford Press.
- Tangney, J. P. & Fischer, K. W. (Eds). (1995). *Self-conscious Emotion: The Psychology of shame, guilt, embarrassment and pride* .London, U.K.: Guilford Press.
- Tangney, J. P. Wagner, P. & Gramzow, R. (1992). Proneness to Shame, Proneness to Guilt, and Psychopathology. *Journal of Abnormal Psychology*, 101(3), 469.
- Tomkins, S. S. (1993) In D.L. Nathanson, About Emotion. *Psychiatric Annals* 23(10), 543-555.
- Van Vilet, K. J. (2008). Shame and Resilience in Adulthood: A Grounded Theory Study, *Journal of Counselling Psychology*. 55(2), 233-245.
- Weber, R. L. & , Gans, J. L. (2003). The Group Therapists Shame a much under discussed Topic, *International Journal of Group Psychotherapy*, Medline, 10, 395.
- Wertz, F. J. & Charmaz, K. (2011). *Five Ways of doing Qualitative Research*. Guilford, United Kingdom: Guilford Press.
- Wikipedia. (2015). Retrieved from <http://www.wikipedia/shame>.
- West, W. (2001). Beyond Grounded Theory: The use of a Heuristic Approach. *Counselling and Psychotherapy Research; Linking Research with Practice*, 1(2),126-131, DOI. to Qualitative Research, <http://dx.doi.org/10.1080/14733140112331385168>
- Wilkinson, H. and Robson, A. (2013). *Insight into Self Harm*. Surrey, U.K.: Page Bros.
- Wilkinson, H. (2006). *Insight into Eating Disorders*. Surrey, U.K.: C.W.R.
- Willig, C. (2013). *Introducing Qualitative Research in Psychology: Adventures in theory and method*. Oxford, U.K.: Oxford University Press.
- Willig, C. (2003) Discourse Analysis. in J.A. Smith (ed.) *Qualitative Psychology. A Practical Guide to Research Methods*. pp159-183, London, England: Sage.

Appendices

Appendix 1 Definitions of Shame

Appendix 2 Examples of Literature Searches

Appendix 3 Participation Paperwork

Appendix 4 Data Analysis Process

Appendix 5 Tables of Individual and Combined Themes

Appendix 6 Sample of Individual Themes Each Participant

Appendix 7 Sample of Combined Themes

Appendix 8 Summary of Heuristic Process

Appendix 9 Extracts from Reflections on Transcripts

Appendix 10 Extracts from Reflective Journal

Appendix 11 Song Lyrics

Appendix 1

Definitions of Shame

According to the Oxford Advanced Learners Dictionary (2015)

Shame is defined as

- 1) “A painful feeling of humiliation or distress caused by the consciousness of wrong or foolish behaviour.”
- 2) “A loss of respect or esteem, dishonour.”
- 3) “A person, action or situation that brings a loss of respect or honour”
- 4) “A regrettable or unfortunate situation or action”
- 5) “To make someone feel ashamed”
- 6) To Put someone to shame – “Make someone feel inadequate by greatly outdoing or surpassing them”
- 7) Shame on you – used to reprove someone for something of which they should be ashamed.

According to Wikipedia (2015):

“Shame is a negative, painful, social emotion that can be seen as resulting from comparison of the self’s action with the self’s standards.”

According to Dictionary.com:

“The painful feeling arising from the consciousness of something dishonourable, improper, ridiculous etc., done by oneself or another.”

Shame is defined by Deonna, Rodogno and Teroni, (2012, p96) as involving

“An evaluation of oneself as globally unworthy or degraded” and as such involves:

“an assault on or loss of dignity and an assault on or loss of integrity”

One aspect of shame is its social nature and Deonna, Rodogno and Teroni, (2012, p41) identify three aspects to this effect:

“Shame as involving the imposition of external standards, shame as a sensitivity to threats to public image, and shame as an external perspective on oneself.”

Gilbert (2008) sees a distinction between *“being shamed”* and *“feeling ashamed”* and Social anxiety may occur when a person fears feeling ashamed.

Kaufman (1989) states that shame causes *“ruptures in the Interpersonal bridge”* *“causing a disconnection between persons”*.

Hann (2000, p10) says;

“When shame is experienced, internal representations become polarised into devalued and devaluing interjects, reflecting the rigid and immutable quality of shame where vivid images predominate, and words are used obsessively to condemn and to humiliate.”

The emotions may be externally projected or internally identified as sources of blame and doubt. Shame also includes a sudden and intense sense of loss.

Darwin (1899) Noted that shame could be found in populations worldwide. Shame is seen, therefore, as a primary response to situations such as dishonour, disgrace, inadequacy and humiliation.

Synonyms

Noun: Humiliation, mortification, chagrin, ignominy, loss of face, shamefacedness, embarrassment, indignity, abashment, discomfort, discomfiture, discomposure.

Disgrace, dishonour, discredit, degradation, ignominy, disrepute, ill-repute, infamy, scandal, odium, opprobrium, obloquy, condemnation, contempt.

Verb: Discredit to, disgrace to, stain on, blemish on, blot on, blot on the escutcheon of, slur on, bad reflection on, stigma, scandal, outrage, smirch on.

Pity, misfortune, crying shame, cause for regret, source of regret, sad thing, unfortunate thing, bad luck, ill luck.

To Put Someone to Shame

Humiliate, mortify, make someone feel ashamed, chagrin, embarrass, abash, chasten, humble, put someone in their place, take down a peg or two, cut down to size, show up,

Shame on you

Outshine, outclass, overshadow, eclipse, surpass, excel, be superior to, outstrip, outdo, put in the shade, upstage, leave behind.

Origin

Old English *sc(e)amu*(noun), *sc(e)amian* Feel shame of Germanic origin related to Dutch *Schamen*(verb) and German *Scham*(noun) *Schamen* (verb).

Appendix 2

Examples of Literature Searches



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PsycBooks

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Search History/Alerts

[Print Search History](#) | [Retrieve Searches](#) | [Retrieve Alerts](#) | [Save Searches / Alerts](#)

<input type="checkbox"/> Select / deselect all Search with AND Search with OR Delete Searches				
Search ID#	Search Terms	Search Options	Actions	
<input type="checkbox"/> S4	(counsel* or psychotherap* or therap* or analyst) AND (impact or effect or influence) AND shame	Limiters - Full Text Search modes - Boolean/Phrase	View Results (17)	View Detail
<input type="checkbox"/> S3	(counsel* or psychotherap* or therap* or analyst) AND (impact or effect or influence) AND shame	Limiters - Full Text Search modes - Boolean/Phrase	View Results (17)	View Detail
<input type="checkbox"/> S2	(counsel* or psychotherap* or therap* or analyst) AND (impact or effect or influence) AND shame	Search modes - Boolean/Phrase	View Results (17)	View Detail
<input type="checkbox"/> S1	(counsel* or psychotherap* or therap* or analyst) AND (impact or effect or influence)	Search modes - Boolean/Phrase	View Results (1,648)	View Detail

1. **Therapist shame: Implications for therapy and supervision.**



Ladany, Nicholas; Klinger, Rebecca; Kulp, Lauren; *In: Shame in the therapy hour.* Dearing, Ronda L. (Ed); Tangney, June Price (Ed); Publisher: American Psychological Association; 2011, pp. 307-322. [Chapter]

Much of this book has focused on **shame** experienced by the client. However, what happens when the **therapist** experiences **shame**? Many authors, including many who wrote for this volume, have noted th...

Subjects: Psychotherapeutic Processes; **Shame**; Adulthood (18 yrs & older); Male; Female

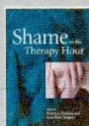
[Cited References: \(19\)](#)

[PDF Full Text \(132.1KB\)](#)

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[Check 360 Link for Full Text](#)

2. **Treating shame: A functional analytic approach.**



Koerner, Kelly; Tsai, Mavis; Simpson, Elizabeth; *In: Shame in the therapy hour.* Dearing, Ronda L. (Ed); Tangney, June Price (Ed); Publisher: American Psychological Association; 2011, pp. 91-113. [Chapter]

Shame evolved to sustain close connection to others; yet when gone awry, **shame** becomes the source of deepest alienation and pain. We the authors, as **therapists** and clinical supervisors, are motiv...

Subjects: Functional Analysis; Psychotherapeutic Processes; **Shame**

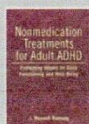
[Cited References: \(33\)](#)

[PDF Full Text \(115.3KB\)](#)

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3. **Relationships and social functioning.**



Ramsay, J. Russell; *In: Nonmedication treatments for adult ADHD: Evaluating impact on daily functioning and well-being.* Ramsay, J. Russell; Publisher: American Psychological Association; 2010, pp. 91-108. [Chapter]

Freud is said to have described the two elements of a fulfilled life as "to love and to work" (Erikson, 1963, p. 265). Although it may represent an all-too-often dichotomization, most people derive...

Subjects: Attention Deficit Disorder with Hyperactivity; Intervention; Social Interaction; Adulthood (18 yrs & older)

[PDF Full Text \(1.2MB\)](#)

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Search History/Alerts

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	Search ID#	Search Terms	Search Options	Actions
<input type="checkbox"/>	S6	"Heuristic Research" AND (Counsel* or Therap* or Psychotherap*) AND shame	Limiters - Full Text; English Language Search modes - SmartText Searching	View Results (0) View Details Edit
<input type="checkbox"/>	S5	"Heuristic Research" AND (Counsel* or Therap* or Psychotherap*) AND shame	Limiters - Full Text; English Language Search modes - Boolean/Phrase	View Results (0) View Details Edit
<input type="checkbox"/>	S4	"Heuristic Research" AND (Counsel* or Therap* or Psychotherap*) AND shame	Limiters - Full Text; English Language Search modes - SmartText Searching	View Results (0) View Details Edit
<input type="checkbox"/>	S3	"Heuristic Research" AND (Counsel* or Therap* or Psychotherap*) AND shame	Limiters - Full Text; English Language Search modes - Boolean/Phrase	View Results (0) View Details Edit
<input type="checkbox"/>	S2	JN "Counselling & Psychotherapy Research" AND Etherington	Search modes - Boolean/Phrase	View Results (1) View Details Edit
<input type="checkbox"/>	S1	JN "Counselling & Psychotherapy Research"	Search modes - Boolean/Phrase	View Results (586) View Details Edit

Appendix 3

Participation Paperwork

MA1: A Flier

MA1: B Pre Interview Questionnaire

MA1: C Information Sheet

MA1: D Letter to Respondents

MA1: E Interview Guide

MA1: F Research Consent Form

MA1: G Consent form to Audio Tape

MA1: H Interview Questions

MA1: I Letter to Participants

MA1: J Letter to people not chosen to participate

MA1: K Letter Accompanying Transcript

MA1: L Letter informing completion of Draft and Withdrawal date.

MA1: A Flier

Research Participants Wanted for a M.A. Dissertation on:

SHAME

Title: A Heuristic Study of Counsellors' Understanding and Experience of the Nature of Shame and the Impact of Shame on Therapeutic Contact.

Researcher: My name is Antoinette Carr. I am currently completing a M.A. in Counselling Studies at Chester University.

The Research: I am looking for 4 counsellors to interview on their understanding of shame and how it impacts on contact in counselling sessions. The taped Interview will be 1- 1.5 hours in a pre-booked room in Chester, Liverpool or Wirral.

I am not asking counsellors to disclose specific events in their history or to discuss specific client issues. Participants' identity will be kept confidential.

If you are Interested in the Research:

Please contact me either:

By email at _____ or by telephone on _____ Leaving me your name, email, (or address if you want a paper copy of forms), and telephone number.

I will then send you further information before setting a time and venue for the interview.

MA1: B Pre Interview Questionnaire

M. A. in Counselling Studies Research

University of Chester

Pre Interview Questionnaire

Research Title: Title: A Heuristic Study of Counsellors' Understanding and Experience of the Nature of Shame and the Impact of Shame on Therapeutic Contact.

Researcher: Antoinette Carr

1 NameContact

number.....Gender.....

2 Age: 18-25 ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐ ; 55-65 ☐ 65-75 ☐ 76+ ☐

3 Are you fluent in speaking English? Yes/ No

5 What is your highest Counselling Qualification?.....

6 How long have you been counselling?years

7 Are you a member of a Professional Counselling Organisation such as B.A.C.P.

Yes/No

8 Are you in Supervised Counselling Practice. Yes/No.

9 Have you experienced SHAME? Yes/No

10 Do you think you are sufficiently grounded in shame based issues to safely take part in this research? Yes/No

11 Do you have personal support available while you undertake this research?

Yes/No

12 Are you currently having personal counselling for shame based issues? **Yes/No**

13 Would you prefer the interview to take place in:

Central Liverpool ☐ Birkenhead ☐ Chester ☐

14 What is the best time for the interview?

Morning ☐ Afternoon ☐ Evening ☐

15 Are there any days which you would prefer for the interview? **Yes/ No**

Which Days?

Thank you for completing the questionnaire.

Please return in the envelope provided.

I will be contacting you in the near future to let you know if you have been chosen to participate in the research.

MA1: C Information Sheet

M. A. in Counselling Studies Research University of Chester

Information Sheet

Research Title: Title: A Heuristic Study of Counsellors' Understanding and Experience of the Nature of Shame and the Impact of Shame on Therapeutic Contact.

The Researcher: Antoinette Carr

I am a B.A.C.P. Registered Counsellor and qualified Supervisor. I work according to the B.A.C.P. Ethical Framework for Good Practice in Counselling and Psychotherapy (2013). I am currently studying for a Masters Degree in Counselling Studies at the University of Chester. My Research interest is the lived experience of Shame.

The Research:

Until recently little research had been done on the issue of shame. I have not found any studies which explore the felt sense of Shame. Through research I intend to give voice to counsellors who wish to share their lived experience of working with shame. As a Heuristic researcher my voice will also be present within the work.

I believe research is important to the Counselling Profession and beyond. This proposal has been approved by the University of Chester Department of Social Studies and Counselling Ethics Committee.

Participants:

I am seeking four Counsellors to take part in this study. I am looking for Counsellors who are interested in participating in a study on shame. The Counsellors can be from any theoretical model and can work in any organisational setting including voluntary work.

The counsellor will be asked to complete a brief questionnaire for eligibility.

To be eligible for participation counsellors must have a minimum of two years counselling experience, be a member of BACP or other professional body, be in regular supervision and be fluent in speaking English.

Potential participants who are currently in counselling for shame based issues will not be chosen as it is important that participants are sufficiently grounded in their experience of shame to be able to safely participate in the study.

Participants must also live in the Merseyside or Chester or surrounding area.

Additional information such as gender, theoretical background and training will be asked for.

By using professional counsellors I am assuming the following:

The participants embody a high level of self- awareness;

The participants have the capacity to engage with the research;

The participants as part of their self-care have access to professional and personal support if required.

What does the Study Involve?

The first four eligible responses will be selected for interview. All other counsellors will be contacted and thanked for their willingness to participate. The Participants will be interviewed for 1-1.5 hours. The interview will be audio recorded. The interview will be conducted face to face. The time and place of interview will be negotiated by a pre interview telephone conversation. If participants have any creative materials relating to shame they can bring them to the interview. Once the interview is complete there will be a short debrief.

After the interview the conversation will be transcribed and a printed copy sent to the participant for alteration or amendment. After alterations or amendments this should be returned in a pre-stamped envelope to the researcher. Should the participant wish to have a telephone or face to face discussion about the transcript then this can be arranged if requested. Otherwise there will be no further contact other than information on the completion date of the project.

Confidentiality:

In accordance with the B.A.C.P. Ethical guidelines and the 1998 Data Protection Act confidentiality will be assured at all times. The Researcher, Supervisor, University Internal Marker and External Examiners will have access to the anonymised data. No personal identifiable data will be included in the transcript or appear anywhere in the dissertation.

What will happen to the data?

On completion of the award of the M.A. in Counselling Studies original recordings will be destroyed. After 5 years all transcript data will be destroyed in compliance with the University Research Governance Handbook (2013). The Dissertation will be available for viewing at Chester University or on line. The research may also be used in future publications or journal articles.

Risks to Participants:

Due to the nature of the research there is a risk of the participant feeling emotional distress. For this reason there will be a de-brief after the interview. Participants need to be aware that even when reading the transcript there may be an emotional reaction so the need for self-care is vital. One of the reasons Counsellors have been chosen for interview is because, as professionals, a degree of self-awareness is assumed. Participants should have access to a personal therapist, if needed, to process the subject of shame.

Potential Benefits:

The main potential benefits from taking part in this research are that your story of managing shame can be told and heard. Taking part in this can also help raise your awareness of the issues surrounding shame and lead to greater self-awareness.

Can you withdraw from the study?.

Yes. Participants are free to withdraw from the study at any point up to the date of the submission of the first draft of the project. The date of this will be given in due course. If you withdraw, all materials relating to you will be withdrawn from the findings and destroyed. Participants need not offer any explanation for their decision to withdraw.

Complaints:

If you are unhappy in any way with the Researcher or the way this study is being conducted and wish to make a complaint in the first instance please contact the supervisor at Chester University. Any formal complaint will be dealt with by the Dean of Faculty of Social Science at Chester University.

Research Supervisor:

Further information can be obtained from Thank you for your interest in this study.

MA1: D Letter to Respondents

Dear

Research Title: Title: A Heuristic Study of Counsellors' Understanding and Experience of the Nature of Shame and the Impact of Shame on Therapeutic Contact.

Thank you for contacting me in response to my advertisement seeking research participants.

Please find enclosed an information sheet and brief questionnaire. If you feel you are interested in participating in the research study, I should be grateful if you would complete the enclosed questionnaire and return it to me in the envelope provided or by email.

It is my intention to invite the first four respondents who meet the inclusion criteria to take part in the research study. I will contact respondents by telephone to arrange a date, time and preferred venue for the interview. Also, prior to the interview taking place I will forward you a pre-interview guide and relevant consent forms. I will also bring copies of these to the interview.

If you are not selected for this study I will contact you to let you know.

Please do not hesitate to contact me if you require further information.

Kind Regards

MA1: E Interview Guide

Interview Guide

Title: A Heuristic Study of Counsellors' Understanding and Experience of the Nature of Shame and the Impact of Shame on Therapeutic Contact.

1 The interview will take from 1 to 1.5 Hours.

2 You will be reimbursed for any reasonable travelling expenses. This includes either the cost for public transport or up to £10 for petrol and parking.

3 During the interview you will be asked broad questions around the issue of shame. The interview will be taped. You will be asked to sign a form giving your consent for this taping and another giving your consent for taking part in the interview.

4 The questions will not ask you to disclose personal incidents of shame and it is assumed that you will take professional responsibility for what you choose to disclose.

5 After the interview the researcher will type a transcript of the interview.

This transcript will be sent to you for checking and amendment. If you feel anything needs deleting, amending or adding at this stage you can do so and send in a pre-stamped envelope to the researcher. If you wish to discuss the transcript by telephone or face to face, this will be arranged on receipt of your request.

6 Once the transcript has been agreed there will be no further contact until the research is completed. I will notify you when the research is completed.

7 You have the right to withdraw your permission to use the material at this or any later time up to the date of submission of the first draft. I will write to you with the final withdrawal date as this becomes clearer.

8 Your identity will not be disclosed anywhere in the dissertation and your personal details will be stored separately from the transcript at all times other than when the transcript is posted to you.

9 The audio recording will be destroyed when the award is given. The transcript will be stored securely for 5 years, according to the university guidelines, then will be shredded.

10 By giving your consent to take part in this research you are also giving consent to the research being used in articles and other publications. Your personal identity will not be disclosed.

Thank you for agreeing to take part in this research.

MA1: F Research Consent Form

M. A. in Counselling Studies Research

University of Chester

Research Consent Form

Title of Study:

Title: A Heuristic Study of Counsellors' Understanding and Experience of the Nature of Shame and the Impact of Shame on Therapeutic Contact.

Name of Researcher:

Name of Participant:

I confirm that the above research study has been explained to me.

I confirm that an information sheet was provided, which outlined the details of the research study.

I have been offered the opportunity, by the researcher, for further explanation of the details of the study.

I have been given sufficient information about this research study to give my informed consent to participate.

I understand that if the subject matter of this interview becomes distressing I have the right to stop the interview at any time and have been given information about support.

I understand it is my right to withdraw from the study at any time, up to the submission date of the first draft of the study, without giving a reason or explanation.

I accept that this research is done within the B.A.C.P. Ethical Framework and the University of Chester Research Governance Handbook.

Signature of Participant:

Date :

MA1: G Consent form to Audio Tape

Title of Study:

A Heuristic Study of Counsellors' Understanding and Experience of the Nature of Shame and the Impact of Shame on Therapeutic Contact.

Ihereby give consent for the details of a written transcript based on an audio/digital recorded interview with me and..... .. to be used in preparation and as part of a research dissertation for the M.A. in Counselling Studies at the University of Chester. I understand that my identity will remain anonymous and that all personally identifiable information will remain confidential and separate from the research data. I further understand that the transcript may be seen by Counselling Tutors and the External Examiner for the purpose of assessment and moderation. I also understand that all these individuals are bound by the British Association for Counselling and Psychotherapy Ethical Framework for Good Practice in Counselling and Psychotherapy.

I understand that I will have access to the transcribed material and would be able to delete or amend any part of it. I am aware that I can stop the interview at any time or ultimately withdraw the interview, without giving a reason or explanation, at any point before the writing of the first draft of the dissertation. Upon satisfactory completion of the M.A. in Counselling Studies the recording will be securely destroyed. The transcripts and related data will be securely stored for a period of five years, by me, the researcher, and then destroyed.

Excerpts from the transcript will be included in the dissertation. A copy of the dissertation will be held in the Department of Social and Political Science and may be made available electronically through Chester Rep, the University's online research repository.

Without my further consent some of the material may be used for publication and/or presentations at conferences and seminars. Every effort will be made to ensure complete anonymity.

Finally I confirm I have read and understood the attached Information Sheet and was given the opportunity for further explanation by the researcher. I believe I have been given sufficient information about the nature of this research, including any possible risks, to give my informed consent to participate.

Signed

[Participant].....

Name - Please Print.....Date

.....

Signed [Researcher]

.....

Name - Please

Print.....Date.....

.....

MA1: H Interview Questions

M. A. in Counselling Studies Research

University of Chester

Title of Study:

Title: A Heuristic Study of Counsellors' Understanding and Experience of the Nature of Shame and the Impact of Shame on Therapeutic Contact.

Interview Questions

A Background

- 1 Tell me about your theoretical background and counsellor training.
- 2 What training have you had in working with shame in the counselling relationship (explicitly/implicitly).

B Understanding of shame

- 3 Can you give me an image or a metaphor representing Shame to you?(have materials available).
- 4 What is your understanding of the meaning of shame?
- 5 Have you experienced shame directly? If so what impact did it have on you?

C Working with shame in the counselling relationship.

- 6 Have you worked explicitly with shame in your counselling work? If so how did you work with it?

7 What other experience do you have of working with shame in the counselling relationship?

8 In what ways, if any, has your own experience of shame impacted on your counselling relationships?

9 Do you see any common traits when someone presents with issues around shame?

10 Is there anything else you want to add that has not been covered by the questions.

MA1: I Letter to Participants

Dear

Title: A Heuristic Study of Counsellors' Understanding and Experience of the Nature of Shame and the Impact of Shame on Therapeutic Contact.

Thank you for completing my pre- interview questionnaire.

I would like to interview you as part of my research.

Please find enclosed an Interview Guide, a copy of the consent form to participate in the research and a copy of the consent form to tape the interview .At the interview these will need to be signed.

Date of Interview

Time of Interview

Venue of Interview.

The interview and debrief will take approximately 2 hours.

If you have any creative materials relevant to your understanding of shame please bring them with you. No other preparation is needed for tis discussion.

Please do not hesitate to contact me if you require further information.

Kind Regards

MA1: J Letter to people not chosen to participate

Dear

Title: A Heuristic Study of Counsellors' Understanding and Experience of the Nature of Shame and the Impact of Shame on Therapeutic Contact.

Thank you for your interest in my research. However, I already have sufficient participants for the research so will not be calling you for interview.

I greatly appreciate your response but will now destroy your contact details to protect your confidentiality.

Kind Regards

MA1: K Letter Accompanying Transcript

Dear

Title: A Heuristic Study of Counsellors' Understanding and Experience of the Nature of Shame and the Impact of Shame on Therapeutic Contact.

Thank you for taking part in my Research.

Please find enclosed the Transcript of the meeting.

I have made every effort to transcribe accurately from the tape. However, if there are any additions, alterations, amendments or deletions you wish to make to the transcript then please write directly onto the transcript or the enclosed additional paper.

Could you then send the transcript back to me in the enclosed envelope by

I am aware that reading your own words can be an emotional experience so if you feel you need to discuss the transcript by telephone or a further meeting, please contact me by email or telephone me and this will be arranged.

I will write to let you know the date I will be submitting the first draft. This will be the latest date by which you can withdraw your consent. You will not be identifiable in the study. However, If you withdraw your consent then all information including the transcript will be removed from the study and destroyed.

Kind Regards

MA1: L Letter informing completion of Draft and Withdrawal date.

Dear

Title: A Heuristic Study of Counsellors' Understanding and Experience of the Nature of Shame and the Impact of Shame on Therapeutic Contact .

Thank you for participating in my research.

I am writing to inform you that my first draft of my research will be completed by

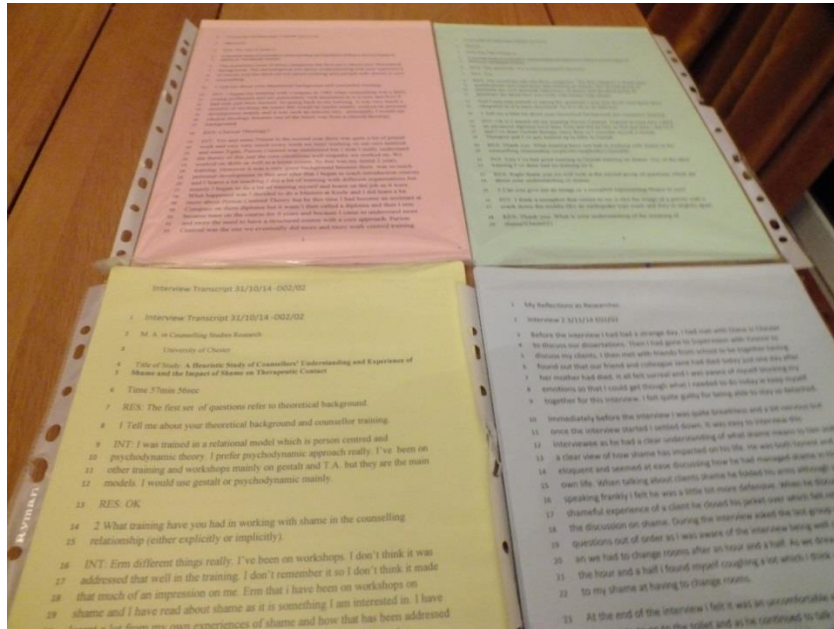
Should you wish to withdraw your consent as a participant, please contact me by this date.

Kind Regards

Appendix 4 Data Analysis Process

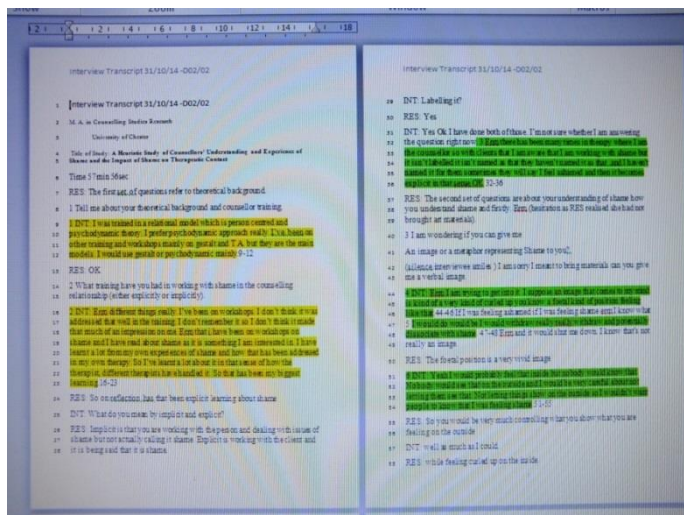
1 Each transcript was colour coded and each line of the transcript numbered.

Diagram 1 All Four Transcripts- With Colour Coding and Line Numbering



2 The text was read and re-read and Discrete units of meaning were highlighted and numbered.

Diagram 2-Transcript with Discrete Units of Meaning Highlighted and Numbered



3 The entire transcript was then printed, and the highlighted units of meaning were cut up.



4 These were read and re-read then units of meaning were then grouped with others of similar focus (Maykut and Moorehouse, 1994)

Diagram 4- Units of Meaning Cut and Ordered into Common Themes



5 Units of Meaning were sorted into Themes and Subthemes

Diagram 5 Extract from Interviewee 2 -Themes with units of meaning in order (**parts in red are the explanation**)

Interviewee 2 E202 (**E202 is the interviewee code**)

1) Understanding of Shame (**This is the theme**)

a) Role in my life In the Background(**This is the sub-theme**)

(**This is the unit of meaning number**) 13 is my own experience of it and as I have gone through life erm it's kind of been there as something in the background somehow153-154(**line numbers in original transcript**)

14 now I can recognise that I have had shame and I kind of work against shame almost like I work against it it is like in the background it is there like a Paralympic athlete is running against the fact that they've got no legs that's there that's the struggle.156-159

15 For me the shame as a person is like there is something there in the background and I'm running against159-160

b) Makes it Harder(**This is the next sub-theme**)

6 The themes and subthemes were reorganised on the computer and printed

(Extract from) Themes in Full Interview 3 A909

1 Understanding(**This is the Theme**)

a) Fear of(**This is the sub-theme**)

(This is the unit of meaning number) 10: My understanding of the meaning of shame is erm fear of humiliation, fear of being found out, an ability to well being judged to er basically to be ashamed of who I am not being able to say things about me that might cause somebody else to look down on me. Yes my whole background is based on shame. Do you want me to say more at this point. 82-86 (This is the original line numbers)

11 : Fear of being stigmatised, fear of being different , fear exposing myself inadequately,

just fear of who I am. Fear of revealing who I really am 95-96

12 : Yes I think that's possibly it. Yes .or rather not revealing who I really am who I thought I will be judged as by other people it's more projection than although having said that I think there is a fear of being judged as bad for some reason. That was very much the childhood message 98-101

b) Guilt/Shame

90. That was hugely shameful because she thought she caused it. I mean that's guilt as well as shame there but the shame there because that had happened to her 346-348

94: : Well I think guilt is something that you have done yourself and you feel bad. While shame is often something that has been done to you. I don't know that's very simple differentiation. Shame is something that is there because of your life and how it has happened. Guilt is something that you feel you should have done that you haven't done 377-381

a) Uncomfortable/Unconscious

14 Just going back to what I said earlier it was like a light bulb when we mentioned shame it was almost like I hadn't really because it was too I hadn't known that because it was such an uncomfortable unconscious level¹¹⁰⁻¹¹³

7 A table of themes and subthemes was compiles for each participant

Diagram 7 Initial Template for Table of Main Themes –Sub themes were different for each Interviewee.

Themes/ sub themes					
Understanding of shame					
Physiology of Shame					
Aspects					
Personal Experience					
Personal Impact					
Shame and Counselling					
a) Presence					
b) Way of Working with					
Strategies reducing the negative effects of shame					

8 A further sifted process was used to combine all four tables to produce a single table of themes and sub-themes which were common to all four participants and which were distinct to each participant.

Diagram 8a- Extract from Table of Main Themes and Sub –Themes for all 4 Interviewees(The full tables will be in a separate Appendix)

Themes/ sub themes			
Understanding of shame	Effect 4(4,8)	Scope 4(5,7) 1(102,103,104)	Conditioning 4(41,42,44,96,97) 1(19,99)
	Uncomfortable/ unconscious 3(14)	Constructed/ intrinsic 1(96,95,94,93)	Background Role 2(14,13,15,140,135)

Key: Theme –Understanding of Shame,

Sub-theme –**Effect**

Only Interviewee 4 mentioned this in Unit of Meaning 4 and 8

Sub-Theme – **Scope**

Interviewee 1- mentioned this in units 102, 103 and 104

Interviewee 4- mentioned this in units 5 and 7.

Each interviewee has a different colour coding for double checking.

Diagram 8b Extract from the Summary

Understanding of Shame(This is the Theme)

Effect(This is the sub-theme)

4 (4)(This is -Interviewee 4, unit of meaning 4) Well I'm quite interested in shame actually so my understanding of the meaning of shame. I see it as a splitting of oneself where one becomes disconnected from the world and from oneself so its like a part of one which has no connection anywhere. An abandoning of part of oneself and er lets see yes its deep its nonverbal and it can be crushing and is very very common and there is different degrees.(30-35)(The line numbers from the original transcript)

4 (8) Its probably like a fine crack because in that moment the person doesn't know how to support themselves. So there is a slight crack.(51-52)

9 A further sifting was completed to reduce the data to a manageable form for writing the findings.

Diagram 9 Extract from Table of Main Themes and Sub-Themes (The full table is in the main text)

THEME	Sub-Theme	Sub-Theme	Sub-Theme	Sub-Theme	Sub-Theme
Understanding of Shame	Metaphor for Shame	Perception of Shame	Less Than		
Physiology and Shame	Unconscious	Innate Affects	Bodily Signs	Defence/ Protection System	Guilt and Shame

Appendix 5

Sample of Tables of Main Themes Individual and Combined

Table of Main Themes –Individual

Key numbers are units of meaning

Main Themes

Age: 50s, Gender: Female, Qualifications and Training: Diploma in Relational Model which is Person Centred and Psychodynamic.
 . Shame was not very well addressed in training. Her main understanding of shame comes from attending workshops, reading and her own therapy.(1,2)

Image: suppose an image that comes to my mind is kind of a very kind of curled up you know a foetal kind of position feeling like that.(4)

Main Themes and Sub-themes

Themes/sub-themes					
Understanding	Constructed/intrinsic 96, 95, 94, 93	Conditioning 19, , 99	Guilt/Shame 20	Scope 102, 103,104	
Physiology	Bodily Experience 32,33, 67, 76	Signs 69a, 79, 7, 68, 67	Self-Protective Response 5,6, 8, 9,10, 11, 12, 24, 44a, 55	Shame proneness 25	Limbic 54, 50, 51, 52
Aspects	Trauma Based Abuse 101,87	Malevolent/ Ambivalence 91, 92,100, 97, 98			
Personal	Sexual Abuse 49, 61	Public Humiliation 31, 14			

Sample of Table of Combined Themes and Subthemes for all 4 participants- Before sifting out parts for final Findings

Key 1 Mary, 2 Tom, 3 Carol, 4 Greg Brackets refer to unit of meaning number

Themes/ sub themes					
Understanding of shame	Effect 4(4,8)	Scope 4(5,7) 1(102,103,104)	Conditioning 4(41,42,44,96,97) 1(19,99)	Fear of 3(10,11,12)	Guilt/shame 3(94,90) 1(20)
	Uncomfortable/ unconscious 3(14)	Constructed/ intrinsic 1(96,95,94,93)	Background Role 2(14,13,15,140,135)	Makes it Harder 2(16,17)	Not Worthy of being shown 2(22,23,24a)
	Being Normal 2(40)	Literature 4(99)			

Appendix 6

Sample of Themes and Sub themes for each participant

Themes in Full(Sample) Tom

2) Understanding

c) Role in my life In the Background

13 is my own experience of it and as I have gone through life erm it's kind of been there as something in the background somehow 153-154

14 now I can recognise that I have had shame and I kind of work against shame almost like I work against it it is like in the background it is there like a Paralympic athlete is running against the fact that they've got no legs that's there that's the struggle. 156-159

15 For me the shame as a person is like there is something there in the background and I'm running against 159-160

140 it's always kind of its like whatever it is that is behind it's there whatever it is it's there and that's the shame that keeps it there that's the common uum that's the common. 877-879

135 Yes it has it is and this interview is kind of the most succinct it's been in 20 years it has been its kind of it kind of highlights the role that shame has played in my life. But now it doesn't it does but it's a positive was . 855-857

d) Makes it Harder

16 I used to have a recurring dream elements in dreams where I have been running from something or to something and wherever I have run the ground goes back wards so I'm never getting any further forward so that is how I work with my shame. It's always there and it makes it harder 160-164

17 it makes it harder to get traction 166

e) Not worthy of being shown

22 Erm a feeling that you are not worthy of being seen 183

23. The real you the natural you the playful you all the different aspects of you are not worthy of being shown. 183-184

24a Not worthy of being seen coz there is something inherently bad about them. 184-185

Themes and Sub-themes(Sample) Mary

!) Understanding

1a) Socially constructed/Intrinsic

93. When I think about the shame of the violation that isn't socially constructed.509-510

94. Maybe if you are violated and overwhelmed by abuse the shame is not about what other people think. you know. What do others think about this then it would be partly socially constructed but it's like that came from within it was intrinsic in me it was like about my me being violated.511-514

95Yes and in that sense I think then on the other hand there is public public pillorying so it can be used by society so in that sense there is a social construction to it.519-521

96 It would be different yes in different societies it would be different there are things in our society white British that wouldn't be seen as shameful that would be very shameful in other societies. So in that sense there are some behaviours that have been made shameful. You know what comes to mind then is when you see these reality type shows when you see people drinking and falling over in the street. Flashing their knickers and god knows what and you think I'd be ashamed to be that you know on camera in that state that is totally I wouldn't do that because I would be totally ashamed but whether these people can't be arsed "I was on the telly last night". Yes I would be ashamed but in another country people would be desperately ashamed if they have been like that and even in certain parts of our country. Certain people would be "oh my god I'd be ashamed if I was one of them".523-534

1b) Limbic

50 And erm its only when I learnt about how your amygdala works and it's got no context and it's how you reacted the last time something happened that is how you react now.265-267

51What I learnt from that which helped me to forgive me was that when I got attacked by the lads I dissociated and then when I was raped that was my default.267 269

Themes in Full (Sample) Carol

1 Understanding

c) Fear of

10: My understanding of the meaning of shame is erm fear of humiliation, fear of being found out, an ability to well being judged to er basically to be ashamed of who I am not being able to say things about me that might cause somebody else to look down on me. Yes my whole background is based on shame. Do you want me to say more at this point.82-86

11 : Fear of being stigmatised, fear of being different , fear exposing myself inadequately, just fear of who I am. Fear of revealing who I really am95-96

12 : Yes I think that's possibly it. Yes .or rather not revealing who I really am who I thought I will be judged as by other people it's more projection than although having said that I think there is a fear of being judged as bad for some reason. That was very much the childhood message98-101

d) Guilt/Shame

90. That was hugely shameful because she thought she caused it. I mean that's guilt as well as shame there but the shame there because that had happened to her346-348

94: : Well I think guilt is something that you have done yourself and you feel bad. While shame is often something that has been done to you. I don't know that's very simple differentiation. Shame is something that is there because of your life and how it has happened. Guilt is something that you feel you should have done that you haven't done377-381

b) Uncomfortable/Unconscious

14 Just going back to what I said earlier it was like a light bulb when we mentioned shame it was almost like I hadn't really because it was too I hadn't known that because it was such an uncomfortable unconscious level110-113

Themes in Full (Sample) Greg

B707 Themes, Sub-themes Units of meaning.

B707 Themes and Sub- themes explained

1) Understanding

a) Effect:

3) I think a metaphor that comes to me is like the image of a person with a crack down the middle like an earthquake type crack and they're slightly apart. 26-27

4): Well I'm quite interested in shame actually so my understanding of the meaning of shame I see it as a splitting of oneself where one becomes disconnected from the world and from oneself so it's like a part of one which has no connection anywhere (3min30) an abandoning of a part of oneself. And er let's see yes its deep its nonverbal and it can be crushing and is very very common and there is different degrees 30-35

8) It's probably like a fine crack because in that moment the person doesn't know how to support themselves. So there is a slight crack 51-52

b) Scope

5) imagine a line or a continuum a shame continuum with one end is like mild embarrassment or what's it called someone gives positive feedback like delight but is a little bit cringey I think it's called curdled delight (coughs). 37-40

7) And then you go right through the range to the other end which is absolutely crushing and feeling separate from the world and not liking oneself feeling separate from oneself it's like a shutting away so a person like that finds it hard to face the world finds it hard to relate to themselves doesn't really engage really well and that's very extreme difficult debilitating shame. 45-48

c) Limbic

9): Everybody who has a limbic system experiences shame and I have experienced shame. On many different occasions and didn't know it as shame 59-

d) Conditioning

41) I think how we or I was conditioned as a boy was shame 99-100

Appendix 7

Sample of Themes and Sub- themes Combined

Summary of Themes Combined for all 4 participants before sorting for Findings

The units of meaning were put under themes of understanding of shame, aspects of shame, physiology of shame, personal experience of shame, working with shame, and strategies for dealing with shame.

Each person was asked to give an image of shame for them.

1 "A kind of curled up a foetal kind of position"

2 "An image of a child wetting himself"

3 "Hiding in a Pit".

4 "A person with a crack down the middle like an earthquake."

Understanding of Shame

Effect

4 (4) Well I'm quite interested in shame actually so my understanding of the meaning of shame. I see it as a splitting of oneself where one becomes disconnected from the world and from oneself so its like a part of one which has no connection anywhere. An abandoning of part of oneself and er lets see yes its deep its nonverbal and it can be crushing and is very very common and there is different degrees.(30-35)

4 (8) Its probably like a fine crack because in that moment the person doesn't know how to support themselves. So there is a slight crack.(51-52)

Scope

4(5) Imagine a line or a continuum a shame continuum with one end is like mild embarrassment or what 's it called someone gives positive feedback like delight but is a little bit cringey I think its called curdled delight.(37-40)

4(7) And then you go right through the range to the other end which is absolutely crushing and feeling separate from the world and not liking oneself feeling separate from oneself it's like a shuttingaway so a person like that finds it hard to face the world finds it hard to relate to themselves doesn't really engage really well and that's very extreme debilitating shame.(45-48)

1(102) in day to day shame you just go oh I felt ashamed about that and carry on. In day to day shame it can be positive so there are two types of shame then (laughs)562-564

1(103)Yes there are two types of shame. Trauma based shame which is malevolent and then there is just everyday normal shame which does stop you doing things because you feel ashamed. People will look at me and I feel, feel ashamed so I won't do that anymore and I think they are different. Very different566-570.

1(104)Yes when you asked me at the beginning that hadn't come to me and it has only just come to me that I think there are different shames572-573

Conditioning

4(41) I think how we or I was conditioned as a boy was shame(99-100)

4(42) Its I think how we or I was conditioned as a boy was shame . My mother, my father if I wanted something and whined about getting it. She would shout at me

Appendix 8

Summary of Heuristic Process

This reflection looked at my process in doing the research, the impact of the research on me and in particular the development of my understanding of shame. To do this I have included insights gained from my reflective journal (Appendix 10), my reflections during the transcribing process (Appendix 0), my process doing the research and my literature review.

My first brush with awareness of the shame process was when attending a workshop on shame (McMinn, 2010) I had a cathartic moment when someone in the group offered words of support. On hearing these words the shame, I had felt, dissipated. I saw my younger self for the first time, as a child rather than as the bearer of shame (Appendix 10-14/10/13). The relief was tremendous. After this experience I felt my perception of myself had somehow permanently shifted. I wanted to understand if this was a one off experience or did shame have particular characteristics. I reflected on the impact of shame in my life and felt a growing curiosity about this phenomenon called shame.

In the early phase of the research, I wrote a poem which captured my thoughts on shame at that time.

(Appendix 10 -28/1/12)

Poem: Hiding, Secret, Shadowy Shame

Hiding, secret, shadowy shame

I've only got myself to blame.

Blanketed in darkness Sad and Lost

Where is the child of fun?

Meandering in a shadowy world.

What is the nature of this shame?

Societies control of minions game

Or is it deep within my soul

The effect of original sin?

My default gene

To keep me trapped.

I want to see the light of shame

What really gives the word its name?

What are its good points and its bad?

Its light and shade

Its inside and out

So I can fit into this puzzle.

Initially, although I felt keen to get on with the project I also felt a great resistance to starting this study. This resistance surfaced many times throughout the project and I eventually came to understand it was actually part of my shame process. I have not felt stuck in this way in any other piece of study I have ever undertaken.

In my journal I reflected on some of my most challenging clients (Appendix 10-23/8/13) and felt that all of these clients had experienced traumatic shame, which deeply affected their ability to thrive. They all indulged in vicious negative, self-criticism. Some even had internal battles. They acted out their shame by feeling contaminated or dirty which caused them to withdraw. They had taken alcohol or drugs or had mental health problems. They found it hard to trust and relate and felt resentment. At the time I worked with these clients I never worked explicitly with shame but was aware of the difficulty they experienced even talking about their experiences. I now see this as them experiencing shame at disclosing their issues. (Appendix 10-4/11/13) I understand that shame is active both inter-relationally and intra-relationally.

Before seeking participants I worked through the interview questions myself (Appendix 10-15/5/14) and felt the presence of shame in the process. I came to understand that I have a habitual way of reacting to the feeling of shame. Then during my pilot study(Appendix 10--10/8/14) the need for ethical working came to life as I felt the full impact of the responsibility in undertaking research and most importantly the necessity to “do no harm” to the participants by thorough risk assessment and planning. In particular the feedback I received showed me that punctuation and grammar had to be correct to reflect the interviewee's words accurately. I was shocked that such errors could be so important and realised I had

to take extra care with the transcriptions and every other part of the process. The responsibility for this once again brought up feelings of shame.

I thoroughly enjoyed interviewing the participants, transcribing the interviews and analysing the data. With each interviewee there was both poignancy, from the telling of their personal story, and richness of information. I felt privileged to hear their accounts of how shame affected them and how they worked with shame in therapy. Again presenting them accurately felt a major responsibility and again feelings of shame surfaced.

While transcribing the interviews I kept a reflective journal. From the journal several key points emerged. Firstly I noticed many bodily reactions from both, the shame I felt, If I perceived any potential rupture in the interview, at any resonance of my shame story with the clients shame stories. (Appendix 9:1) From this I came to understand that when I feel shame I have these bodily reactions and in situations when I notice such reactions this may indicate the presence of shame.

I also noticed that at times when I was feeling these physical reactions I was also indulging in quite severe negative self- criticism which I found was feeding the feeling of shame and often keeping me stuck as nothing I heard from my interview technique felt “good enough”(Appendix 9:1). In particular fear of missing something important and fear of criticism of my professional self were present throughout. I concluded that the whole interview process can be a massive source of shame for both the researcher and the interviewee.

From this process I realised that for me shame has played its part in directing my development towards being a person who takes personal responsibility for my actions, is independent, strives for perfection and has a can do attitude and a sense

of pride in achievement. These can be positive attributes for a successful career. However, the downside was my negative self-criticism, difficulty in accepting support from others and often feeling misunderstood. (Appendix 9:4) This study has increased my understanding of how to challenge potential negative shame reactions. I also saw the positive side of shame as an opportunity for personal growth and connection. This helped me to develop self- supporting strategies. (Appendix 9:7)

I gradually realised that in every situation when people meet there is a potential for shame (Appendix 10:5) as, if feeling such as “not good enough “ or feeling “less than” the other, are evoked then shame is present in the interaction. Even more profoundly this feeling can also happen intra-personally, if a person feels that something they have done is “not good enough”. This was my shame reaction to the responsibility of “getting it right” in this research and this was what resulted in my periods of “stuck-ness” and “resistance”. I concluded that therapy itself has great potential for shame production as well as for transforming shame. (Appendix 10- 25/6/15, 24/8/15, 7/7/15, 25/8/15).

This study raised many questions, for me, which resulted in me extending my literature search considerably. (Appendix 9:5) I read further literature and followed new enquiries until I felt I had sufficient grasp on my understanding of shame to piece together some answers to these questions for me (Appendix 10- 30/10/14, 10/12/14, 13/12/14, 14/12/15, 15/12/15, 16/12/14, 31/5/15, 1/6/15, 6/6/15). I resolved to listen to my self-talk more clearly and learn to be more compassionate towards myself this again led to more reading and some insight into how negative self-talk can affect mental health and I concluded that it is all linked to shame. The literature again transported me on a journey of discovery, in true Heuristic tradition,

which seemed to take on a life of its own. I eventually, had to detach from the process and be self-disciplined to even begin to write the dissertation.

A further impact on me of the research process was when I read of the background to shame in society. I decided to look at the Greeks and the Bible as two influences on my British Catholic upbringing. As I read about the story of Adam and Eve I realised that shame was not only at the root of Catholicism but that from the beginning woman brought the man into shame. In Greek mythology the name Adios, the nursemaid of Athena, meant shame. In Greek mythology shame is central in nurturing an infant. My reading took a more positive turn when I read that the story of Jesus was about transforming shame. Since reading these articles I have thought more deeply about the basis of religion and how it can be used as a means of social control. I also realised that both spirituality and therapy are both trying to heal shame. To research this more deeply would be another dissertation.

Towards the end of the research process I wrote another poem.

Poem –SHAME(Appendix 10- 26/8/15)

Shame is a very detailed portrait

It shows the character

In light and shade it illuminates

What it wants us to see and it

Hides what it doesn't want us to see

In dark corners where no-one

But the trained eye cares to look.

It does not draw attention to itself

But it is always there

Without it the portrait changes

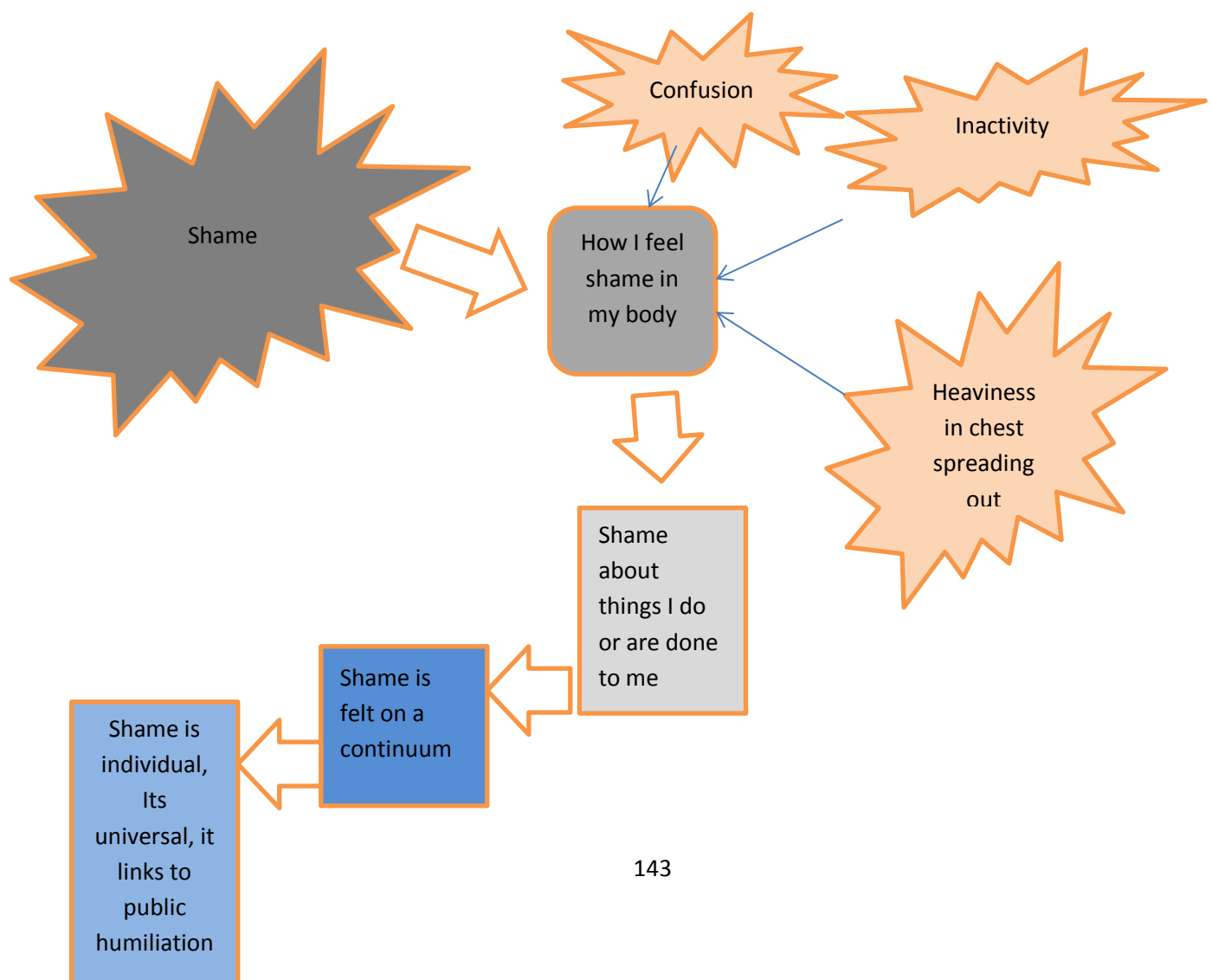
It loses some of its drama

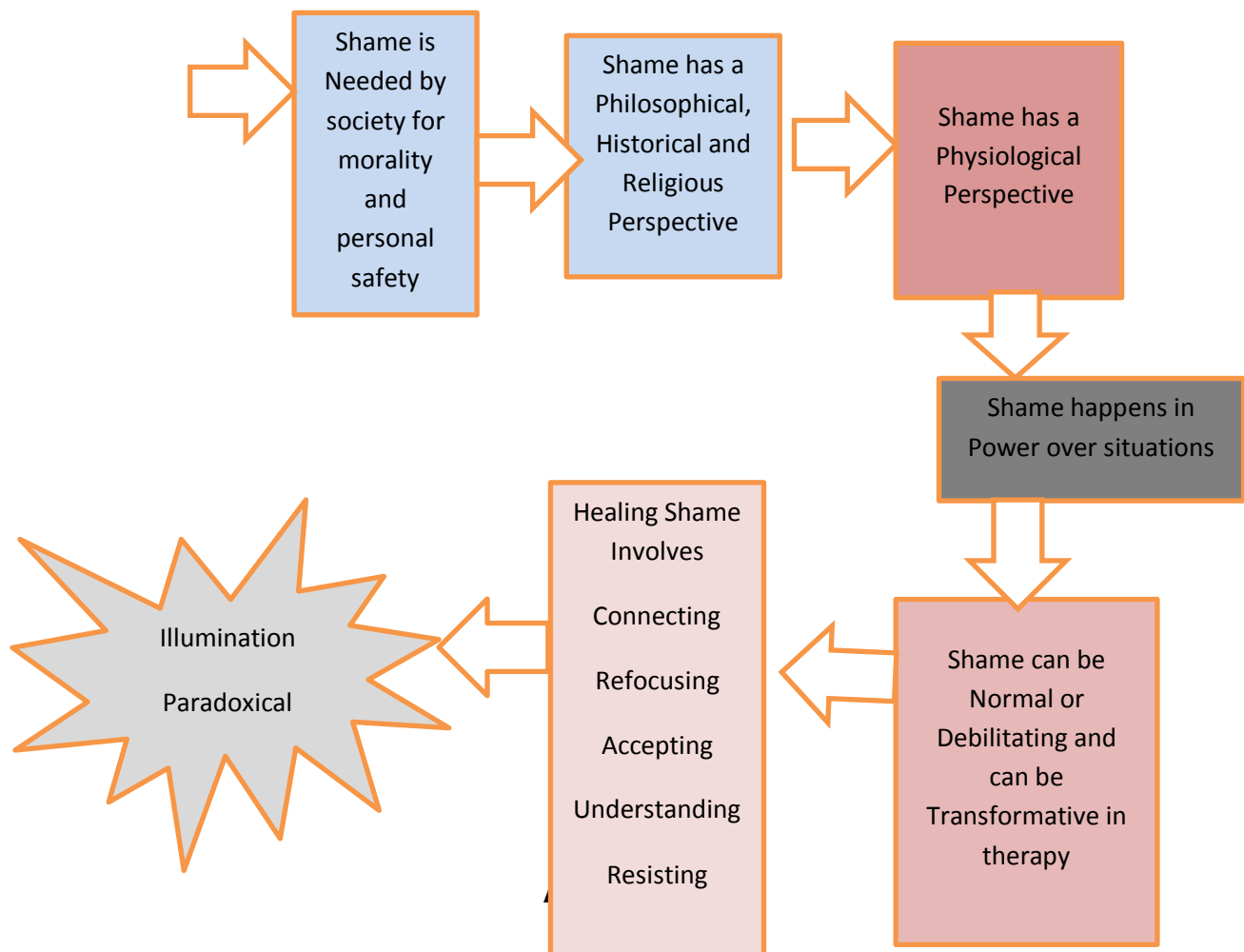
Can it be transformed into lightness?

Or does it need some shading to make it whole?

Path of Illumination

I also drew a Snake shaped path of some of my eureka moments and concluded that shame is paradoxical in that it can keep us disconnected from others and it can keep us safe in society. It can be the source of food for personal anguish and the basis of the transformative journey into health. (Appendix 10-24/8/15)





Reflections During Typing up Transcripts

This appendix contains a summary of my heuristic reflections while typing the transcripts of the four interviews. It also contains extracts from my original reflections. (These were written onto the computer and the lines were numbered).

The format is

- i) Points 1-7 are the summary
- ii) Extracts from Reflective Journal written during transcription process for each interview.

I Summary

Key:

Bullet Points are linked to Extracts 1, 2, 3 and 4 which are taken from the Reflections made during the transcribing process

(4: 29-30) = Extract 4 Lines 29-30 in original reflection

1 My Bodily Reactions to Presence of Shame

- Voice- Throaty, gravelly(4:29-30)(2:189)
- Headache(4:35)(2:46)
- Embarrassment, blushing(4:65-69)
- Reddening(4:92)(1:175)
- Tightness around chest(3:4)
- Nausea(3:57)(1:70)(1:96)
- Breathless, nervous(2:10)
- Smelt cigarette(2:189)
- Discomfort(1:77)
- Moving away(1:95)
- Disassociating from content(1:127)
- Stomach churning(1:186)
- Inappropriate smiling(1:27-30)

2 Internal Dialogue

- High levels of self-criticism(1:144-148)
- Friends from different backgrounds just different(3(13)
- Didn't feel intrinsically bad just not valued enough(3:69-70)

3 What Produces the Reaction

- Missing something, criticism of professional self.(1 284-288)(1:294-299)
- Incidents from childhood surfacing(2:74-75) –Childhood exploration becoming morally unacceptable

4 What I learnt about me

- Took Personal Responsibility 2(89-90)
- Perfectionism –giving self a hard time for not matching ideals
- Independence- not ask or accept support from others
- Feeling misunderstood- unheard (2:91-95)
- CAN do Attitude (2:98-99)
- Sense of pride in achievement(2:105)
- Kept Self on edge of groups(2:110)
- Rather than incidents feel “A blanket of shame” (3:110-111)
- Shame Creates an Atmosphere Elephant in the Room(3:134)
- Needing to be liked, less self- critical(4:58)

5 General Questions about Shame

- How to make working with Trauma Safe? (1:201)
- Is shame partially Socially Constructed, partially intrinsic? (1:232:2)
- When perpetrators feel shame do they start to change? (1:232:6)
- Is Pride is the polar opposite of shame?(2:105)
- Is shame connected to negative conditions of worth. Internalised shame producing voices of others? T.A. and Shame(2:143-146)
- What goes with Positive Conditions of Worth? (2:148-149)
- Self-Actualisation. Do just we strive to be Adult? (2:162-167)

- What is the Connection between shame and rage-(Tangney)? (2:1170-176)
- Is shame different with Different Causes? (3:117-119)
- Does Silence and shame creates more shame?(3:64-65)(121)
- Does normalising dispel shame? (3:78)(3:94-97)

6 Language used in Shame (2:53)

- Music, lyrics and Shame(2:196)
- Do people use brief sentences and leave gaps when they talk about shame?(3:98-99)

7 Transforming Shame

- Shame lightens when the person feels supported(1:232:8)
- Touch and self-soothing(4:65)
- Know shame and support it(4:46-47)
- Shame as an opportunity for healing- antidote connection(4:81-83)
- On a spectrum(4:81-83)
- Alternative/Religious and therapeutic joining together with healing language(4:87-90)
- Parents evenings pupil/parent/teacher not good enough –shame (4:39-44)

ii Extracts from Reflective Journal written during transcription process for each interview.

1 Reflection on Transcribing Process - Extract 1-Interview 1

27-30: I think this is partly because I often smile when I am feeling shame even when recounting serious stories. Several times I have been challenged on this and

always feel bad when challenged as well as feeling I have little control over this reaction so my ambiguity is seeping out.

70: This feels like shame even now. I feel it in my gut. Feel slightly nauseous.

77-78: When I woke up I had an overall feeling of discomfort which I thought was my shame reaction linking in to the interview I had done yesterday.

83-84: Each time I do work on this project I feel a discomfort in my body and a little bit shaky.

95-97: When I felt shame in the room I quickly moved on. As I write this now I feel quite nauseous. I feel ashamed that I did not explore her shame in more depth at that moment and this affects me now when listening to the tape.

127: I am not connected to the suffering but to the words. Am I dissociating?

144-145: If my professionalism or integrity were questioned in any way then I would
Usually when I got home, go into meltdown for a couple of days.

175: my cheeks are flushing as I write this

186: There are definite stomach churning feelings of shame attached to this.

(self-criticism of my interview technique)

201-203: I suppose I think there are no hard and fast rules to work with the relationship but I am aware of Babette Rothschild and Claudia Herbert saying very clearly not to approach the trauma work until the safety strategies are in place.

232:4 Shame partially socially constructed, partly intrinsic.

232:6 When perpetrators feel shame can they start to change?

232:8 Shame lightens when the person feels supported.

284-288: I also felt that I had not considered that the professional part might be harder to talk about than the personal part which seems obvious now as a professional anything that can show a weakness in practice is in itself shameful i.e. to be hidden. The whole process of answering the questions can be a shameful experience.

294-295: I'VE GOT TO get it right. I want the participants to be able to read the final Document and feel they have been anonymised and presented honestly.

2 Reflection on Transcribing Process - Extract 2- Interview 2

10-11: Immediately before the interview I was quite breathless and a bit nervous 11 but once the interview started I settled down.

39-41: The process of being interviewed on a topic such as shame could change a person's self- perception and hence view of the world. This feels very profound.

46: As I write this I have a headache.

53:. Maybe looking at the language used to shame would be interesting.

74-75: It felt to me like shame is about making simple childhood exploration feel like something morally unacceptable.

89-90: From these things I learnt to take personal responsibility for everything that happened to me.

91-95: Firstly: perfectionism. I never got to be perfect but gave myself a hard time if something was less than perfect. Secondly: independence which had as its sword an inability to know how to get support from others. Thirdly: an overwhelming feeling that I was misunderstood. My shame left me in a place where I felt lonely

98-100: However on the doing things level I think I was taught a can do attitude and tried most things such as decorating, fixing the car, putting up shelves, laying carpets. If I did it wrong I practised until it was good enough.

105: I suppose the feeling of pride at achievement is the polar opposite of shame.

110: I had always kept myself on the edge of the group by going home for lunch

143 -144: the things people say as being the internalized shame producing voices of others

146: and one which I might look into in my literature search. T.A. and shame?

148-149: Shame is synonymous with negative conditions of worth. That makes me wonder what goes with positive conditions of worth.

161-167: Not sure if this is logically correct. We have innate attributes such as development stages cognitively, emotionally and physically. But is this the same as self-actualisation. Does the potato drive to be the best potato it can be or does it drive just to be a potato. Do our drives drive us to self-actualisation or just to being

an adult human. A truly adult human a self- actualised human? Interesting! Do all children get given conditions of worth?

170-176: This is a good example of the connection between Shame and Rage as I read about in TANGNEY. How many men on anger management programmes or in prison for violence have this combination of being assaulted by parents as a child and internalised shame causing rage which erupts and gets them into trouble. How can we as a society do something about this. How much does this apply to women or are women shamed in a different way?

189: (remembering an incident from childhood) As I write this I can smell cigarette smoke and my throat feels tight.

196: I also want to think of other songs that encapsulate shame.

3 Reflection on Transcribing Process - Extract 3- Interview 3

3-4: During the interview, there were several times that I felt the presence of shame. There was a feeling around my chest area and a slight nausea.

57: I feel quite nauseous as I write this.(brought up issues in my life)

64-65: So it's not the just actions that cause the internalisation of shame but also the silence which surrounds them.

70: What impact has that had on me in the way I feel not important enough.

78-79: If shame is isolating and makes people feel different from everyone else. Does normalisation help dispel shame?

96-97: Do people talking about their personal shame talk in brief sentences leaving the hearer to fill in the gaps?

98-99: This assumes that the researcher knows what goes in the gaps or is it because the shame attached to the incidents still keeps them partially hidden?

110: There was a kind of general shame which spread like a blanket across everything.

117-119: Are there different levels of being shamed from mild to strong? Are different levels buried deeper so are they harder to voice? Is the impact different if the cause of the shame is different?

121: So much in our family was never really spoken about as children.

134: Shame kind of creates an atmosphere. The elephant in the room.

4 Reflection on Transcribing Process - Extract 4- Interview 4

29-30: I notice that my voice sounds different as I start the interview. Somehow more throaty, gravelly

35: Slightly headachy

39-44: I thought about how teachers don't always recognise how different parents evening is for parents or how shameful what we say can be to parents and students. Everything is loaded with "am I good enough" as a parent" does the teacher think I am good enough" as a student and even "do the students and parents think I am good enough" as a teacher. All of these situations can be shameful.

46-47: Maybe the whole purpose behind this study is to know my shame and how to support it when it happens.

58: Forgiveness and less self-critical may help. Why do I need to be liked?

65: (Asking about self-soothing) I felt embarrassed

67: I am blushing now as I type this.

77-79: (dream on shame) I had experienced crippling shame and still felt uneasy. Even typing up the transcript had had this effect on me. All day today I have felt quite unsettled.

81-83: As I write this I think it is brilliant. The antidote to shame is connection. The Spectrum of shame. Presence in the here and now. Shame as an opportunity for healing.

87-90: I feel the alternative, the religious and the therapeutic world are beginning to join together. They are all talking the same language of healing and transformation and connection and compassion and forgiveness. The spiritual life is important to our wellbeing.

92: As I write this I can feel a reddening.

Appendix 10

Extracts From Journal from 28/1/12 -25/8/15

28/1/12: *Poem written at the start of the project.*

Hiding, secret, shadowy shame

I've only got myself to blame.

Blanketed in darkness Sad and Lost

Where is the child of fun?

Meandering in a shadowy world.

What is the nature of this shame?

Societies control of minions game

Or is it deep within my soul

The effect of original sin?

My default gene

To keep me trapped.

I want to see the light of shame

What really gives the word its name?

What are its good points and it's bad?

Its light and shade

Its inside and out. So I can fit into this puzzle.

23/8/13 When I look at some of my most challenging clients. All of these clients have in common carrying traumatic shame, which has deeply affected their ability to thrive. They all indulge in vicious negative self-talk. Some even have internal battles.

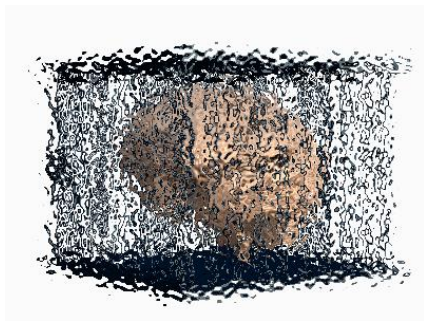
They act out their shame by feeling contaminated or dirty which cause withdrawal. They take drugs, alcohol, self- harm, mental illness. They lack trust, feel resentment.

4/11/13 Today I was looking at Heuristic Research. Design, methodology and Application by Moustakas (1990), I found a list of books, articles to read on heuristic research. I then went onto the internet to look up some articles but could not connect to Athens. Must go in and get information on searching the internet.

Discovered that, while I was having my break, Moustakas died in 2012.

15/5/14 Scene Setting –Shame part of my response to the questions

a) Image



b) Words connected with shame: Hidden, closed off, disconnected, imprisoned, stuck, blocked.

c) Feelings in the body: tightness in chest, heaviness, sadness, drained feeling, confusion.

d) Shame journey:



e) Talk about what shame means to you

Shame felt intrinsically connected to me like a web of my demise (sticky cobweb)
Somehow it invades my life. It controls my actions and moderates my reactions.

Shame to me is linked to : trust, it's my fault, issues being hidden —kept secret.

Feeling unworthy –contaminated by atmospheres . I am not important, I am not good enough.

This is speaking to me at the moment. I feel disappointed and dissatisfied and the negative feelings bordering on depression. Feeling really tired today but what I am reading is fascinating.

10/12/14 For the last month I have been writing up transcripts and writing my reflections as I worked.

Reading The Voice of Shame by Stein and Lee.

P102 Not being healthy in our society is viewed as being inadequate, weak less

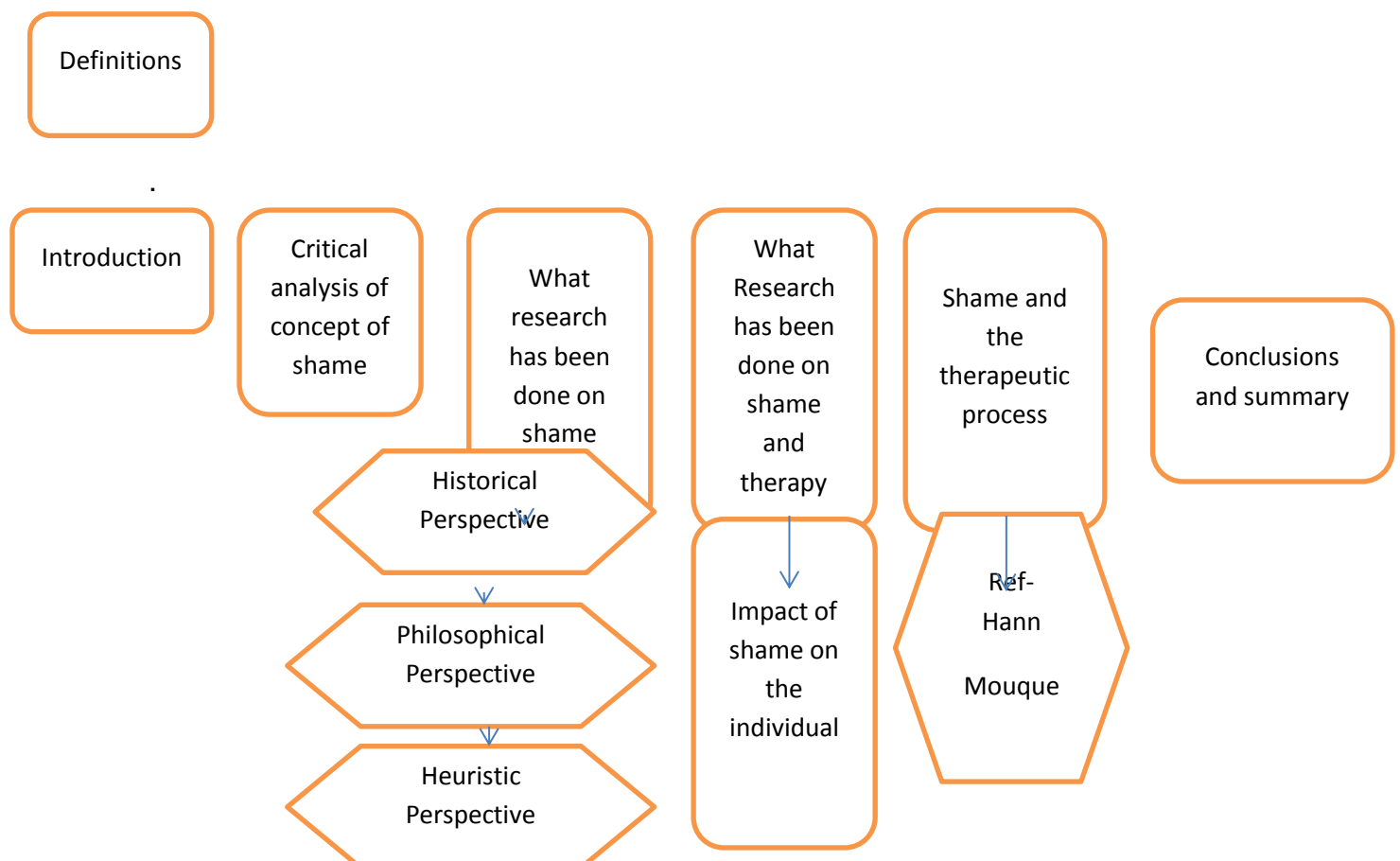
13/12/14 Reading Shame (Gilbert and Andrews) Look at different types of research available on shame. They find problems with Measures of shame proneness. Feeling very tired.

14/12/14 Self- conscious emotions shame, guilt, embarrassment and pride.

15/12/14 Printed off interviewee's response to reading the transcript of his interview. Felt privileged that he had found the interview and reading the transcript cathartic. Feel more grounded in my understanding of my experience of shame.

16/12/14 Reading Gilbert and Andrews “shame. Shame is seen as a self-conscious emotion and a shame response is a diminishing of self. This is an appeasement aimed at getting sympathy and forgiveness. Guilt on the other hand is a repentive emotion aimed at reparation and forgiveness. Both emotions and embarrassment are social control mechanisms which occur in both animals and humans. They are part of the primitive brain functioning mechanism.

31/5/15 Literature Search



Search Terms

Research and Shame and Psychotherapy

EBCOHOST

Athens

Alt login

Found Hann WK Loss Sense of Aloness, Emptiness and Abandonment

Mouque T Routledge 2009

McNish JL Shame : Revelationary and Transformative Potential.Chester Uni

Weber RL, Gans JS Group Therapists Shame A much undiscussed topic.

Search Term

Shame and Heuristic Dissertation

I result Dauten Hahn-Kirstin Advances in Consciousness Research 2000 Human

Connection and Social Agent Technology 153 DAu Thornton isbn 9027251398

31/5/15 Reading shame article by Hann(2000)

I was having a constant inner dialogue about do I internalise or externalise shame.

Reading this article leaves me feeling I am more informed of how it works. More aware of how my reactions about my adequacy as a therapist. It raises because I wasn't previously aware of all of these issues.

Reading Heuristic Research by T Mouque about her resistance to psychotherapy. For me the critical incident was the shame workshop in 2010. An interesting article showing how when she showed her split anger in therapy it was received and acknowledged and this was REPARATIVE

“ Resistance holds the key to all that has been repressed and working with this phenomenon affects the graduated change in the patient(Freud,1994,p155)”

(Freud s, 1914, Remembering, separating and working through Standard edition13, London Heygarth Press)

Working with Resistance can be a key to where the shame lies and can be REPARATIVE

1/6/15 Shame, Interpersonal Behaviour, Psychopathology and Culture Edited by Gilbert P and Andrews B (1998) This looked at and discussed different issues of shame and other emotions and their effects.

Search Term Shame and Heuristic Research and Counselling

Search term Results since 2005

Guilt and Shame : An Axiomatic Analysis Lopez-Perez Raul.

1/6/15 Reading McNish JL article on Shame and Religion

She says that shame keeps the boundary to the inner self

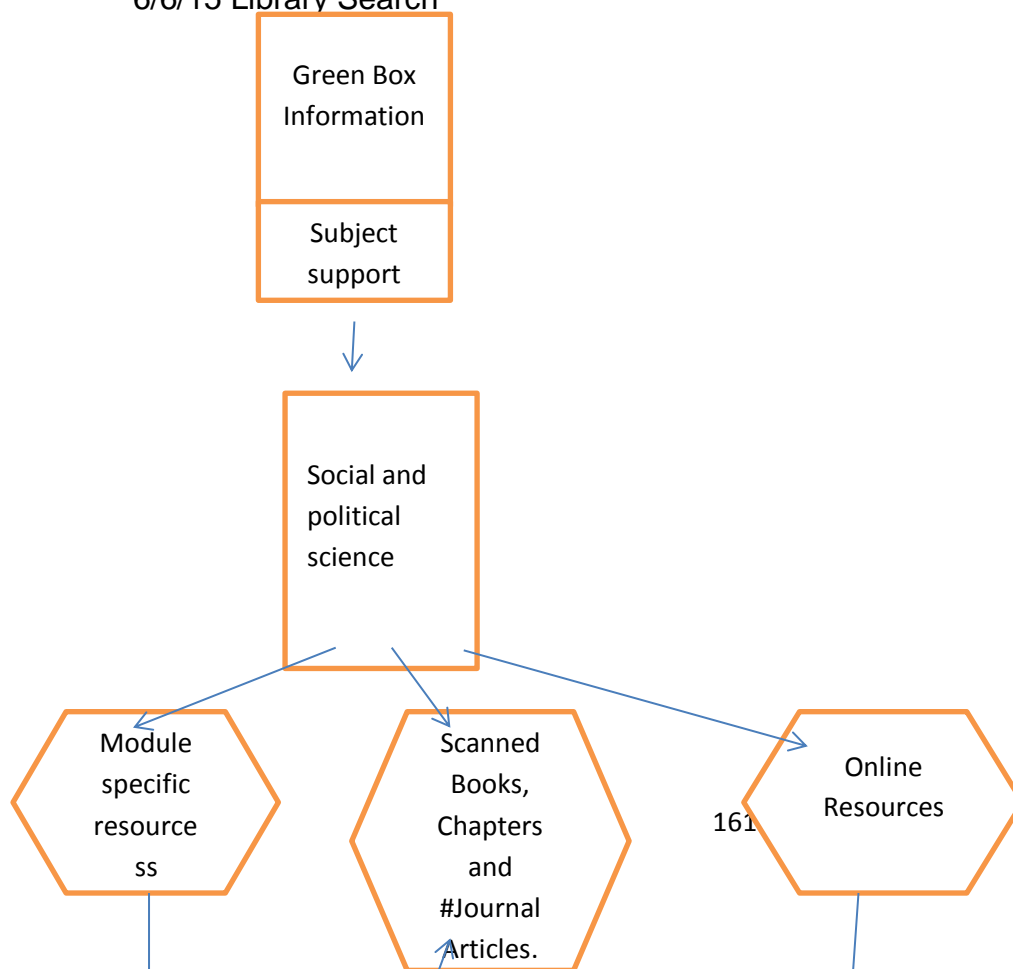
Talks about Adam and Eve and thinks shame is “original sin”.

Breaching the rule of that society. We were all one then we are separated out. Shame Separates us Jesus’ ministry was about confronting shame in his own life and in that of those he ministered to the sick, the lame, the sinful, all aspects of shame –WOW

Literature statement –In my literature search I want to look at literature on shame and gather information on the meaning of shame. The information about shame and counselling including impact of shame and working with shame but also the heuristic view. What I am learning about shame as I read the books and articles and how is that affecting my own shame understanding. Is this whole study about me learning how to transform my shame. To develop my individuation to understand the essence of Christianity. These are questions that have been with me over 30 years.

Get Turning the Gorgon: A meditation on shame by S Edelman Sage 1998.

6/6/15 Library Search



Writing Qualitative Research –a Gathering of Selves –Etherington(2001) Counselling and Psychological Research Vol! Issue 2 p119-125

This paper is an attempt to validate the useful potential for personal growth that qualitative research can offer because we write of ourselves in the process. Her study was based on two brothers in therapy and her response as well. The most difficult task lies in finding the balance between maintaining our right to privacy and the degree of self disclosure demanded by trustworthy qualitative writing(Ely et al1997) Concerns about engaging in research with client and the potential this brings to exploiting their power and influence by using clients for their own ends(Etherington 1996) However growing research that recognises the therapeutic value in clients participation in research.

Search Strategy

1 Identify key words

Main DATABASES IBSS< PSYChINFO, PUBMED, SOCINDEX< Web of Science

May access through inter library loan or SCONUL ACCESS Scheme

Other Resources COPAC <http://www.copac.ac.uk>

ZETOC and ZETOC Alert <http://ZETOC.MIMAS.ac.uk/>

Title

A Heuristic Study of Counsellors Experience of the nature and impact of shame and working with shame in therapy.

Experience How shame manifests in their life

How it manifests in therapy

How they work with it in therapy

Impact On them

On Clients

On the therapeutic relationship.

Next step Search Chester Rep

“Heuristic Research and Shame. Found heuristic research on shame and stigma in nursing and other mental health areas.

6/6/15 Psycharticles, psychinfo, psychbooks, psychology and behavioural sciences collection

Psych-articles

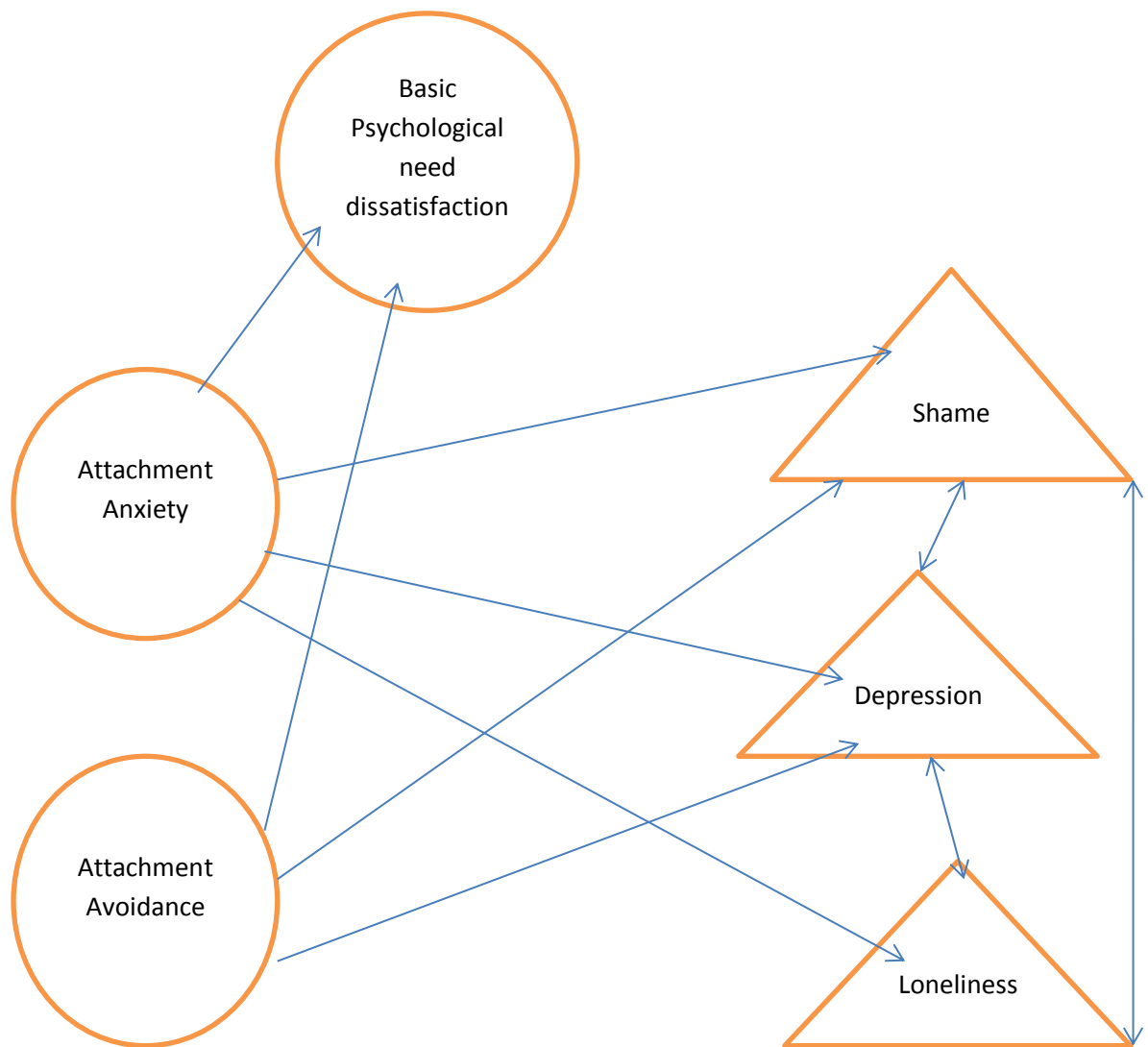
Counsel* OR psychotherapy* OR therap* AND Effect OR Impact AND Shame.

Meiton, Shaff, Young and Zakalik Adult Attachment and Shame, Depression and Loneliness. The Mediator Role of Basic Psychological Needs

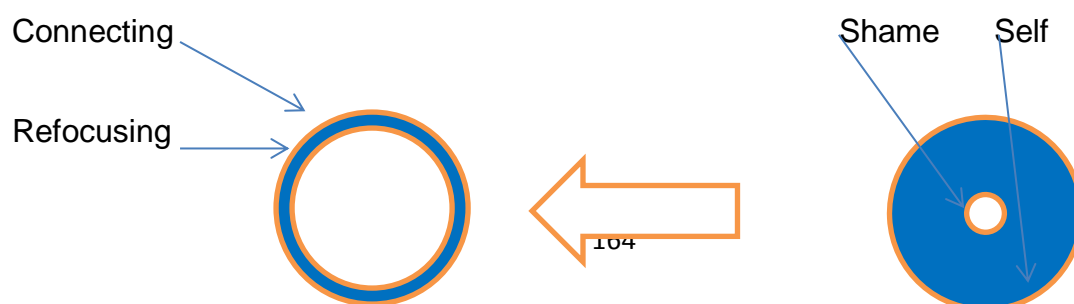
Found that virtually all traumatised patients have some degree of internalized shame(Coutous,1992)

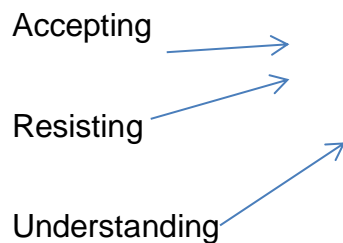
In addition internalised shame is often a key component in addictions, anxiety disorders, depression, major mental illness and personality disorders.

Found that



Van Vilet and Jennings(2000) Shame and Resilience in Adulthood (Journal Of Counselling and Psychotherapy 55(2) p233





Connecting –Finding allies, socialising, talking to others, participating in

counselling, connecting to higher power, repairing relationships

Refocusing- shifting priorities, working on self-improvement, clearing away negativity, focusing on action

Accepting –accepting the situation, facing ones feelings, expressing ones feelings

Understanding- Understanding external factors, developing insight into oneself, separating from the shame, creating memories.

Resisting- Rejecting Negative Judgements, Asserting oneself, Challenging other.

“Although feelings of shame may not entirely disappear they become marginalised, from the core self and fade into the larger landscape of the individuals identity and experience.”

25/6/15 I was then reading “Turning the Gorgon”. She argued that a mother’s gaze is not as simple as attachment theory would state.

When the baby gazes that gaze invokes the primordial dread that needs comfort. The mothers gaze involves all of history as in Des’ horizon. The archetypical mother and its mothers unresolved issues. So it is not as simple as a whole hearted loving look on all occasions. Meeting at the level as satisfying to both and happens

sometimes. She argues that we are all left somewhat unsatisfied by that gaze. This spoke to me in my own history where mum to me was always distracted and that had a huge impact on me as a young child in terms of my own safety issues. More important I had my own children growing up before I had processed these issues so may have passed that gaze on to them(24/8/15 This links well to Josselsons work)

This is another WOW moment for me. It feels huge. It is not just a matter of guilt or blame but an understanding of the mechanism for basic connection/disconnection

24/8/15 In the literature review I want to include the idea that the capacity to feel shame is inbuilt, the mechanisms of shame physical, physiological, and emotional. shame can be internal or societal, When do we develop shame is it as Erikson says or from this initial gaze which carries the mothers unresolved issues and is this gaze used to impart social control as well as love?.

I also read of religion and the links, true spirituality is in the gaze not in the rules. The rules are our defence against the fear of gazing at the truth for long.

7/7/15 From Learning Theories .com

Eriksons stages of psycho-social development

Toddler Stage he sees as the opportunity to build self esteem and autonomy, learns new skills and right from wrong. The well cared for child is sure of himself, carrying himself with pride rather than shame. With tantrums and stubbornness the child feels shame and low self esteem are the child showing frustration at an inability to learn certain skills.

Ref Eriksons book –The Life Cycle Completed.

Ref Seth J Swartz Handbook of Identity Theory and Research Vol 2.

Erikson(1902-1994) Theory considers the impact of external factors , parents and society, on personality development from childhood to adulthood. According to Erikson;s theory every person must pass through a series of eight unrelated stages over the entire life cycle.

Ref Leary M.R. and Tangney J.P. (2011).Handbook of Self and Identity Second Edition: Guildford Press

Cole J.E. Developmental Review 13, (1993) p31-53. Dep.t Sociology :University of Western Ontario. – Neo-Erikson going beyond Erikson theory of psychic structure to seeing how they relate to culture. Criticism of Erikson’s work is that he does not pay enough attention to culture.

Ontological criticisms : many social scientists postulate that entities and processes do not exist.

Epistemological criticisms- do not believe that knowledge derived from it is valid or worthwhile eg Erikson is too optimistic and value laden.

Ideological criticisms : Not wanting psychological arguments in socialising.

Methodological Criticisms : untestable, unobservable, abstract concepts.

Erikson intends each psychic structure is an abstraction.

20/7/15 Doing the literature review is really difficult. I am feeling quite emotional. I think it is to do with the subject matter and the method of research. Heuristic research requires following leads until creative synthesis is reached. The problem is

every time I think just get on with writing the literature review I find a new line of inquiry.

What is shame:

positive aspects of shame

shame and abuse

shame and mental illness

shame and self-harm

shame and obesity

I decided that in order to get a movement forward I would catalogue what I had done systematically. Include anything of relevance and then unpack it and only include that which is relevant according to the question.

24/8/15 This is the value of heuristic research in its subjectivity

POEM (at the end of the process) -SHAME

Shame is a very detailed portrait

It shows the character

In light and shade it illuminates

What it wants us to see and it

Hides what it doesn't want us to see

In dark corners where no-one

But the trained eye cares to look.

It does not draw attention to itself

But it is always there

Without it the portrait changes

It loses some of its drama

Can it be transformed into lightness

Or does it need some shading to make it whole?

Maybe transforming shame is about changing the shade in some way to make it illuminated too or is that too naive? I think of a bright dot on a dull screen and when you stare at it for 15 seconds a bright picture appears.

However once shame is “outed” that is when the transformation can begin to occur

My Path of Illumination

25/8/15 I don't think it really matters whether the shame is explicit or implicit in therapy as offering the core conditions does give the connection and the modelling that helps the client to heal. However I do think that the therapist should be aware of

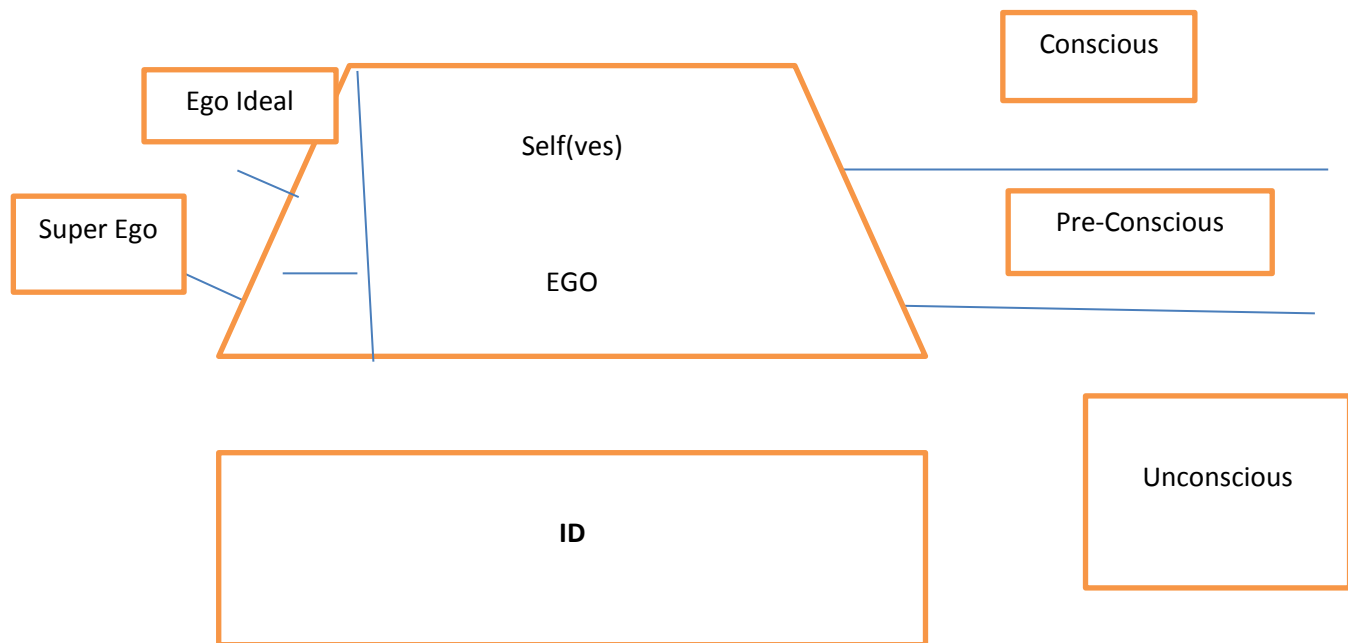
her own shame and how shame works to help the client in awareness rather than by chance

In Therapy Transforming shame means, working with the person gently, compassionately and slowly allowing the shame to surface in the body. Experiencing it through the body and gradually this acknowledgement will change the “felt sense” of shame by connecting it with the “collective archetype” of shame and releasing it from the body. This is a slow, gradual process which unfolds at the clients pace. Gradually reconnecting with self and the world. The shame is then repositioned as a normal functional emotion and the events are given their place in history. Not forgotten but no longer dominating the client’s life. A process in religion called forgiveness. This is the transformation. But not only can it link to the religious process of forgiveness. It also links to the healing process from Trauma, Obesity/Anorexia, Alcohol and can be found in the work of people such as Rothschild.

I have heard people say “I am fat”. I have fat but that is not all of who I am. When a person gets behind the label and behind the shame then maybe some of the illness can be healed. So on conclusion transforming shame is about healing and forgiveness and compassion.

25/8/15 Writing this I am connecting we have the internal structure for shame from birth. By toddler stage we have sufficient experience of cultural expectations of right and wrong for that shame to be conditioned by family norms. The way this is taught is by josselson’s forms of relatedness and parents history of right and wrong. So it is by this very process of withholding the gaze that we are taught what to feel ashamed of. Again how this relates to issues such as sexual abuse is not clear.

P36 COLE



A Graphic Representation of Personality Structure as Postulated by Erikson (Cole p36)

Id Strength – Self- directed attitude, low shrewdness and relatedness, increased self-concern

Superego strength – Readiness to accept cultural norms and demands, a lack of ego strength and alertness, caution and resentment

Ego strength- High efficiency of performance, determined self-assertion, voluntary control over environment, low inhibition of behaviour, and increased but controlled and goal oriented drive tendency.

Where Erikson differs from Freud is he sees development as not just the Oedipal stage but a lifelong process.

Ego active- largely unconscious agency of the psyche system functions

Each self, corresponds to the social role played by the individual.

I -is functioning appropriate self emerges

In unfamiliar circumstances “I” cannot do this. It is then that ego identity becomes important in sustaining independent functioning. If no appropriate self is found anxiety can result.

Ego inner agency safeguarding our coherent existence by screening and synthesising the system.

How social structures contain conflict, regulate tension

He Attempts to chart the relationship between social environment and human development beyond childhood.

Identity: An International Journal of Theory and Research J (1) 7-50 (2001).

Appendix 11

Song Lyrics

- 1) The Sound of Silence- Simon and Garfunkel
- 2) Down Down Down - Tom Waite
- 3) Born to Run – Bruce Springsteen
- 4) Anthem – Leonard Cohen

1 The Sound of Silence

Hello darkness, my old friend
I've come to talk with you again
Because a vision softly creeping
Left its seeds while I was sleeping
And the vision that was planted in my brain

Still remains
Within the sound of silence

In restless dreams I walked alone
Narrow streets of cobblestone
'Neath the halo of a street lamp
I turned my collar to the cold and damp
When my eyes were stabbed by the flash of a neon light
That split the night
And touched the sound of silence

And in the naked light I saw
Ten thousand people, maybe more
People talking without speaking
People hearing without listening
People writing songs that voices never share
And no one dared
Disturb the sound of silence

"Fools" said I
"You do not know, silence like a cancer grows
Hear my words that I might teach you
Take my arms that I might reach you"
But my words like silent raindrops fell
And echoed
In the wells of silence

Songwriters
PAUL SIMON

Published by
Lyrics © Universal Music Publishing Group

2 Down, Down, Down

He went down down down
and the devil called him by name
he went down down down
hangin' onto the back of a train
he went down down down
this boy went solid down
always chewed tobacco
and the bathtub gin
always chewed tobacco
and the bathtub gin
he went down down down

this boy went solid down
he went down

Well he went down down down
and the jumped on his head
he went down down down
stayin' in a broken down shed
he went down down down
sleepin' in the devil's bed
he went down down down
never listened to the words I said
he went down down down down
He went downWell he went down down down
and the devil said where you been
he went down down down
he screamin' down around the bend
down down down
this boy went solid down He was always cheatin'
and he always told lies
he was always cheatin'
and he always told lies
he went down down down
down down down
this boy went solid down
he went down

3 Born to Run

In the day we sweat it out on the streets of a runaway American dream
At night we ride through the mansions of glory in suicide machines
Sprung from cages out on highway nine,
Chrome wheeled, fuel injected, and steppin' out over the line
H-Oh, Baby this town rips the bones from your back
It's a death trap, it's a suicide rap
We gotta get out while we're young
`Cause tramps like us, baby we were born to run

Yes, girl we were

Wendy let me in I wanna be your friend
I want to guard your dreams and visions
Just wrap your legs 'round these velvet rims

And strap your hands 'cross my engines
Together we could break this trap
We'll run till we drop, baby we'll never go back
H-Oh, Will you walk with me out on the wire
'Cause baby I'm just a scared and lonely rider
But I gotta know how it feels
I want to know if love is wild
Babe I want to know if love is real

Oh, can you show me

Beyond the Palace hemi-powered drones scream down the boulevard
Girls comb their hair in rearview mirrors
And the boys try to look so hard
The amusement park rises bold and stark
Kids are huddled on the beach in a mist
I wanna die with you Wendy on the street tonight
In an everlasting kiss

One, two, three, four!

The highway's jammed with broken heroes on a last chance power drive
Everybody's out on the run tonight
But there's no place left to hide
Together Wendy we can live with the sadness
I'll love you with all the madness in my soul
H-Oh, Someday girl I don't know when
We're gonna get to that place
Where we really wanna go
And we'll walk in the sun
But till then tramps like us
Baby we were born to run

Oh honey, tramps like us
Baby we were born to run Come on with me, tramps like us
Baby we were born to run

4Anthem

The birds they sang
At the break of day
Start again
I heard them say
Don't dwell on what
Has passed away
Or what is yet to be
Yeah the wars they will

Be fought again
The holy dove
She will be caught again
Bought and sold
And bought again
The dove is never free

Ring the bells (ring the bells) that still can ring
Forget your perfect offering
There is a crack in everything (there is a crack in everything)
That's how the light gets in

We asked for signs
The signs were sent
The birth betrayed
The marriage spent
Yeah the widowhood
Of every government
Signs for all to see

I can't run no more
With that lawless crowd
While the killers in high places
Say their prayers out loud
But they've summoned, they've summoned up
A thundercloud
And they're going to hear from me

(Ring, ring, ring, ring)
Ring the bells that still can ring

Forget your perfect offering
There is a crack, a crack in everything (there is a crack in everything)
That's how the light gets in

You can add up the parts
You won't have the sum
You can strike up the march
There is no drum

Every heart, every heart to love will come
But like a refugee

(Ring, ring, ring, ring)
Ring the bells that still can ring
Forget your perfect offering
There is a crack, a crack in everything (there is a crack in everything)
That's how the light gets in
Ring the bells that still can ring (ring the bells that still can ring)
Forget your perfect offering
There is a crack, a crack in everything (there is a crack in everything)
That's how the light gets in
That's how the light gets in
That's how the light gets in

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